Abstract Group: 10.2. Tuberculosis

Keyword 1: Tuberculosis - management Keyword 2: Treatments Keyword 3: Infections

Title: Hepatotoxicity of antituberculosis chemotherapy in patients with liver cirrhosis

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Body: Background: We compared liver cirrhosis (LC) and control patients who were received standard short-course antituberculous (TB) therapy to evaluate the risk of drug induced hepatotoxicity (DIH) in LC patients. Methods: Forty two LC patients with newly diagnosed active TB who were received isoniazid, rifampin, ethambutol, and/or pyrazinamide were included in the study. One hundred forty eight patients were selected as control subjects. DIH was defined as a liver transaminase level ≥ 120 IU/L. Results: Of all LC patients, the etiology of LC consisted of alcoholic in 31 (74%), hepatitis B in 8 (19%), and hepatitis C in 3 (7%). Mean Child-Pugh score of all LC patients was 7.1±1.2 and Child's A and B were 16 (38%) and 26 (62%), respectively. Pyrazinamide containing regimens were more commonly used in control patients (24 of 42 LC patients [57%] vs. 138 of 148 control patients [93%], p=0.001). Elevated liver enzyme including transient elevation of transaminase was more frequently found in LC patients (31 of 42 LC patients [74%] vs. 69 of 148 control patients [47%], p=0.002). DIH was also more frequently found in LC patients (6 of 42 LC patients [14%] vs. 6 of 148 control patients [4%], p=0.016). In 5 out of 6 LC patients showed DIH, isoniazid and rifampin were successfully rechallenged and maintained until the end of treatment. Conclusion: Our data suggested that LC patients with active TB should be closely monitored liver function tests due to more frequent hepatotoxicity during anti-TB treatment including isoniazid and rifampin.