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**Title:** Comparison of British and American Thoracic Societies' reintroduction guidelines for anti-tuberculous therapy induced liver injury

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**Body:** Background: There are many different guidelines for reintroduction of anti-tuberculous therapy (ATT) after drug induced liver injury (DILI) Aims & Objective: This study was designed to compare two reintroduction regimes as advised by British Thoracic Society (BTS) and American Thoracic Society (ATS) in terms of efficacy. Methods: Patients of either sex of age 18-60 years who develop DILI after ATT were selected after informed consent. Patients were randomly allocated to two groups, Group-I (BTS) received reintroduction as H = 100mg/day from day 1, maximum dose from day 4; R = 150 mg/day from day 8, maximum from day 11; and Z = 500 mg/day from 15, maximum from day 18. Group-II (ATS) received reintroduction as R = maximum dose from day 1, H = maximum dose from day 8, Z maximum dose from day 15. Relapse rates were compared using  $\chi^2$  test. ROC curve were plotted for DILI recurrence with age, BMI and albumin. P value of <0.05 was taken as significant. Results: Total of 326 patients were selected, ATT was reintroduced as per Group allocation. Recurrence of DILI was seen in 34 (10.4%) patients out of which 16 (9.8%) were from Group-I while 18 (11.1%) were from Group-II ( $p = 0.72$ ). ROC plot showed significant area under curve for BMI and albumin for recurrence of TB DILI with area under curve for BMI and albumin of 0.953 and 0.988 respectively. Conclusion: There is no significant difference in recurrence of TB DILI by either recommended guidelines of BTS and ATS.