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Title: Pattern of drug resistance in TB patients treated at DR TB unit in tertiary care public sector hospital in Karachi Pakistan

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Body: Introduction: Pakistan ranks 4th globally in MDR TB. Empirical 2nd line treatment is started on the bases of Rifampacin resistance diagnosed by GeneXpert This regimen consists of 04 second line drugs including an injectable and fluoroquinolones(FQ). Aims and objective: this study was done to observe the drug resistance pattern in DR TB patients in order to rationalize the present empirical treatment regimen. Method: Patients are registered. DST to first and second line drugs is sent before start of DR TB treatment. Results were recorded in DR TB 01 form and analyzed by Microsoft excel and SPSS 16. Results: 795 DR-TB patients were registered in years 2010- 2012. males and female were 406(51.1%) and 389(48.9%). Mean age was 32.17 SD± 13.46. Treatment failure of CAT1 (40, 19.6%) and CAT2 (156, 30.8%).total 50.4%. After default, first line Relapse and others were 5.0,% 11.6% and 31.4%.Only 11(1.4%) were new cases. Resistance to four 1st line drugs was present in 80.6% (641) and to.01,02, 04 and 05 first line drugs in 8(1%),25(3.1%) ,79(9.9) and 39(4.9%). Resistance to 2nd line drug was present in 51%. FQ resistance was in 39.6%. To Amikacin, capreomycin, Ethionamide, kanamycin, Ethionamide + kanamycin and FQ+ ethionamide was seen in 5,12, 43,.20.11 and 7 percent respectively. FQ resistance was 40.8% in others. It was 36.4% in new cases. Conclusion: Prevalence resistance to 2nd line drugs especially FQ is high in our setting therefore FQ cannot be counted as effective drug. After stopping injectable we are left with only 03 effective drugs. Therefore in our setting empirical treatment should be started with 05 second line drug.