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**Title:** Neuropsychiatric side effects of tuberculosis

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**Body:** Accuracy of neurological or psychiatric complications secondary to the administration of antituberculosis may be at the origin of diagnosis and therapeutic problems. This work aims at studying the frequency of these manifestations, their clinical presentations and their therapeutic approach. Patients and methods: this retrospective study was carried on from January 1990 to June 2008 at Ibn Nafis Pulmonary Department of Abderrahmen Mami Hospital in Ariana. It dealt with 18 in-patients with a neurologic or psychiatric complication due to antituberculosis drugs. Peripheral neuropathy was noted in 6 patients (33%). One of them had a history of chronic alcoholism, another one had a history of diabetes mellitus and 2 other patients were more than 72 years old. We had definitively stopped isoniazide in 2 cases and decreased the dosage in 4 other patients. However, all patients received B6 vitamin. Convulsions occurred in 2 women without any history of epileptic status. Anticonvulsant treatment was prescribed and isoniazid definitively stopped. Hallucinoses were noted in 4 patients, with one having a history of chronic alcoholism. Isoniazid was stopped in all cases. Aggressiveness, insomnia and memory problems were noted in 6 patients. Isoniazid was interrupted in only one woman who had history of depression. In 5 other patients, anxiolytics were prescribed. Isoniazid was incriminated in all cases and evolution was favorable for the 18 patients. A close monitoring of patients on antituberculosis treatment is required to detect the onset of any neuropsychiatric complications incriminating usually isoniazid. Definitive interruption or decrease of the dose of isoniazid depending of the acetylation test were necessary.