

European Respiratory Society Annual Congress 2013

Abstract Number: 870

Publication Number: P2818

Abstract Group: 10.2. Tuberculosis

Keyword 1: MDR-TB **Keyword 2:** Tuberculosis - management **Keyword 3:** Treatments

Title: Linezolid in the treatment of patients with MDR TB and XDR TB

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Body: In the observational study, which included 30 patients with MDR TB and 27 patients with XDR was analyzed the efficacy and safety of treatment regimens, which included linezolid. There were men – 24, women – 33, the mean age was $(34,5 \pm 1,3)$ years. Resistance to I line TB drugs combined with resistance to II line, so that the total MBT were resistant to 5 and more TB drugs. Any resistance to streptomycin (S) was in 53 (93,0%) patients, to ethambutol (E) - in 43 (73,7%) patients, to pyrazinamide (Z - 15 (28, 1%) to fluoroquinolones - in 34 (59,6%), including fluoroquinolone without aminoglycosides - in 7 (12,3%), to aminoglycosides - in 35 (61,4%), to ethionamide - in 36 (63,2%), to PAS - in 13 (22,8%) patients. Linezolid was used at a dose of 0.6 g once daily for 3-6 months, depending on the sputum conversion and adverse effects. The results of treatment were assessed by the end of the intensive phase of treatment. Sputum conversion (smear and culture) were in 52 (91,2%) patients during $(3,2 \pm 0,2)$ months (in 24 (88,9%) patients with XDR resistance and in 28 (93,3%) patients with advanced MDR without XDR resistance, $p > 0,05$). Adverse reactions were observed in 31 (54,4%) patients, in the most cases were dyspeptic adverse reactions (35,1%), neurological - in 12 (21,1%), hepatotoxicity - in 7 (12,3%) patients. We observed adverse reactions from linezolid in 4 (7,0%) patients (hematology, diarrhea). Conclusions. Treatment results with linezolid were high and equal for patients with XDR TB and advanced MDR TB (including ofloxacin resistance or aminoglycoside resistance). Linezolid in a dose of 0.6 g per day has shown high efficacy and good tolerability - adverse reactions occurred in a few cases (7%).