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Title: A comparison of drug sensitivity pattern in category-I failure versus category-I relapse pulmonary TB patients attending a tertiary care hospital in South Punjab, Pakistan. Is WHO category-II ATT regimen appropriate?

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Body: INTRODUCTION: There are emerging reports of increasing number of patients with DR-TB in WHO category-ll patients. OBJECTIVE: To determine the pattern of DST in category-I failure and relapse pulmonary TB and see if currently recommended WHO Category-II regimen is appropriate for these two groups. DESIGN: Total of 88 patients in WHO category-II were evaluated prospectively for DST pattern on sputum cultures. RESULTS: N= 88, 33 (37%) Cat-I failure and 55(63%) Cat-I relapse. Among 33 Patients in Cat-1 failure, four (12%) cases were XDR-TB, 16 (48%) were MDR-TB, 5 (15%) were Polyresistant TB, 4 (12%) were Monoresistant and 4(12%) were sensitive to all drugs. A higher percentage, 65% (13/20 cases) of MDR/XDR-TB was found in Non-DOTS group as compared to DOTS group, 35 %.(7/20 cases). Among 55 Patients in Cat-I relapse, four (7%) cases were XDR-TB, 20 (36%) were MDR-TB, 3 (5%) were Monoresistant, 3 (5%) were Polyresistant and 25 (45%) were sensitive to all drugs. A higher percentage, 55% (13/24 cases) of MDR/XDR-TB was found in DOTS group as compared to Non-DOTS group 45% (11/24). Conclusion: Our results suggest an urgent need to revise management strategies for both Category-I failure and relapse. Early TB culture and DST should be performed on these patients in order to avoid spread of MDR TB and its associated morbidity and mortality, by choosing correct regimen on the basis of DST results.