

Effectiveness of using a long-term individualized treatment regimen of tuberculosis with multiple drug resistance in elderly people with concomitant diseases

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Conflict of interest: none

BACKGROUND. The actuality of the correct approach to the treatment of elderly patients with multidrug-resistance tuberculosis (MDR-TB) and concomitant diseases is unquestionable. We did not find in the available literature a study of the use of a completely oral long-term individualized treatment regimen (ITR) in this category of patients, which confirms the scientific novelty of the research.

OBJECTIVE. To analyze the using of fully oral long-term ITR of MDR-TB in a 73-year-old patient with concomitant diseases on the example our own observation.

MATERIALS AND METHODS. A clinical case of our own observation of a patient who was treated in the pulmonary TB department No. 2 of the Zaporizhzhia Regional Phthisiopulmonological Clinical Treatment and Diagnostic Center.

RESULTS AND DISCUSSION. A 73-year-old man previously suffered from TB. He fell ill for the first time in 1987 and the first relapse of the specific process occurred in 2010. In both cases the patient received treatment of sensitive to antimycobacterial drugs TB, which ended with a positive outcome. During the relapse case described in the presented work, MDR-TB was diagnosed in the patient. Concomitant diseases of the cardiovascular system and the organ of vision were diagnosed in the patient. Before the ITR course completion the patient suffered a repeated myocardial infarction against the background of alcohol abuse. The patient received a completely oral long-term (18 month) course of MDR-TB ITR: 4 months of Lfx-Bdq-Cfz-Cs-Mpn-Amx/Clv, 2 months of Lfx-Bdq-Cfz-Cs, 12 months of Lfx-Cfz-Cs. Treatment was prescribed considering the data of the drug sensitivity test and the presence of contraindications to the appointment of Lzd. Complete cessation of bacterial excretion was registered after 4 months of antimycobacterial treatment. Tolerability of antimycobacterial therapy was satisfactory, adverse drugs' reactions were not determined.

CONCLUSIONS. The presented clinical case of our own observation demonstrates the high safety and effectiveness of a completely oral long-term (18 months) course of MDR-TB ITR in an elderly person with concomitant diseases, which is new data, since we did not find similar works in the available literature. The obtained data are an addition to the indications for use the all-oral long-term (18 months) course of ITR, including 4 months of Lfx-Bdq-Cfz-Cs-Mpn-Amx/Clv, 2 months of Lfx-Bdq-Cfz-Cs, 12 months of Lfx-Cfz-Cs in elderly patients with the simultaneous course of MDR-TB and concomitant cardiovascular and visual diseases.

KEY WORDS: individual treatment regimen, MDR-TB, elderly, concomitant diseases.