

RESERVES FOR IMPROVEMENT OF POLYCHEMOTHERAPY RESULTS IN PATIENTS WITH INEFFECTIVELY TREATED PREVIOUSLY AND CHRONIC DESTRUCTIVE MULTIDRUG-RESISTANT PULMONARY TUBERCULOSIS

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Summary

The possibilities of increase of polychemotherapy effectiveness were studied in 295 patients with ineffectively treated previously and chronic destructive pulmonary tuberculosis. 94.2 % of patients excreted multidrug-resistant (to 2–9 1st and 2nd line anti-tuberculosis drugs) *M. tuberculosis* (MTB). The regimens of polychemotherapy with 5–7 drugs of 2–1 line, which preserved potency against MTB, were used in patients during 4–12 months. Introduction of cycloserine or terizidone into polychemotherapy regimens increased the effectiveness of treatment by 15–20 %, especially in cases of extended drug-resistance. Excretion of bacteria was ceased in 65,2 % of patients. The addition of capreomycin to polychemotherapy was the most advisable in cases of streptomycin, kanamycin and amikacin resistance: abacillation was achieved in 53,5 % of patients, regression of infiltrative and focal lung lesions — in 90,7 %. In long and ineffective use of pyrazinamide and ethambutol in the past, with preserved MTB sensitivity to those medicines, the administration of drugs intermittently in incremental doses (30–35 mg/kg) improved the results of polychemotherapy by 9–11 %. This therapy was good tolerated by patients. The use of pneumoperitoneum during long polychemotherapy, especially in patients with multi-drug-resistance, extensive process and localization of caverns in lower lobes of lungs, increased the results of treatment by 15–21 % — bacterial excretion was ceased in 65.2 %, regression of caverns was achieved in 87,0 %, healing of caverns — in 34,8 % of patients.