

COMPARATIVE ASSESMENT OF CLINICAL EFFECTIVENESS, TOLERABILITY AND COST-EFFICIENCY OF MOXIFLOXACIN AND LEVOFLOXACIN IN COMPLEX TREATMENT OF MULTIDRUG-RESISTANT PULMONARY TUBERCULOSIS

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Summary

In an open randomized controlled clinical trial we enrolled 182 patients with multidrug resistant tuberculosis (MDR TB) and 74 patients with tuberculosis with extensive drug resistance (XDR TB), treated at the Phthysiology department of National institute of phthysiology and pulmonology for the period from 2007 till 2011. Either moxifloxacin (Mfx — 92 patients) or levofloxacin (Lfx — 164 patients) were administered as a part of chemotherapy in all patients during hospitalization period. Significantly higher clinical effect of Mfx compared with Lfx in complex chemotherapy regimens was found only in patients with XDR TB: by the end of 6th month of intensive phase a smear conversion was achieved in 63 % of patients on Mfx versus 25 % of patients on Lfx, respectively ($p < 0,05$). The cost-efficiency index of chemotherapy with Mfx was 2,3 times lower than in Lfx group. In patients with ofloxacin-sensitive MDR TB both Mfx and Lfx were equally effective. By the end of 6th month of intensive phase of chemotherapy a smear conversion was achieved in 78,1% of patients on Mfx and in 78,2% of patients on Lfx; the healing of cavities for the same period was 42,6 % and 40,6 %, respectively ($p > 0,05$); the cost-effectiveness of regimens using Mfx was on 14% higher. In patients with MR TB, caused by ofloxacin-resistant strains, we noted a non-significant trend to higher clinical effect of Mfx in complex chemotherapy regimens: by the end of 6th month of intensive phase a smear conversion was achieved in 78,5% Mfx versus 63,6 % Lfx patients ($p > 0,05$).