

**EFFICACY OF PARENTERAL ISONIAZID AND RIFAMPICIN  
IN THE INTENSIVE PHASE OF CHEMOTHERAPY  
OF SUSCEPTIBLE TUBERCULOSIS AND  
HEPATO-PANCREATIC-BILIARY SYSTEM  
CO-MORBIDITY**

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*Abstract*

**Aim** — to improve complex program of tuberculosis therapy, using parenteral isoniazid and rifampicin in newly diagnosed patients with advanced lung tuberculosis and hepato-pancreatic-biliary system comorbidity

**Materials and methods.** 60 patients with newly diagnosed susceptible tuberculosis and concomitant hepato-pancreatic-biliary system disorders have been examined. Patients were divided into 2 groups in 1:1 ratio. The first group received oral first-line anti-tuberculosis drugs in the intensive phase of chemotherapy. The second group received parenteral rifampicin and isoniazid. Liver and pancreas disorders were diagnosed using abdominal ultrasonography and laboratory tests (total protein, bilirubin, AST, ALT, urea, creatinine, thymol test). All patients were smear-positive with radiological signs of lung destruction.

**Results.** After 60 doses (group 1 — oral, group 2 — injections) a conversion of the sputum was registered in 36.7% and in 60 % of cases in group 1 and 2 respectively ( $p < 0.05$ ).

At the same time point X-ray examination revealed more frequent resolution of focal and infiltrative lung lesions in patients on parenteral medications.

Blood chemistry indices were out of range significantly more often in patients on oral drugs with a trend to further increase if continued to 90–120 doses. After 120 doses it was established that level of total protein was 12,4 % lower, and bilirubin 16,3 % higher in patients from group 1 in comparison with group 2 ( $p < 0.05$ ).

**Conclusions.** Current study confirmed higher efficacy of parenteral formulations of isoniazid and rifampicin in comparison with oral forms in patients with smear-positive destructive newly diagnosed pulmonary tuberculosis and hepato-pancreatic-biliary comorbidity.

**Key words:** tuberculosis, hepato-pancreatic-biliary system, parenteral anti-tuberculosis drugs.

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