

Cervical lymph node tuberculosis: what to do when faced with the side effects of combined treatment?

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Abstract

Combined anti-tuberculosis drugs represent the reference treatment of pulmonary and extrapulmonary tuberculosis recommended by the World Health Organisation (1). It has been introduced in Tunisia since 2009.

Objectifs

The aim was to study the **side effects** of combined anti-tuberculosis drugs and discuss therapeutic attitudes towards these situations.

Méthodes et Matériels

- **Retrospective** study in the ENT department of Mohamed Taher Maâmouri Hospital
- **70 patients** treated with combined anti-tuberculosis drugs for cervical lymph node tuberculosis
- Period: from January 2011 to December 2021

Résultats et discussion

- Adverse effects were noted in **48.6%** of patients under combined therapy.
- **Hyperuricaemia (14 patients)**.
- Asymptomatic (13 cases) -> adequate hydration + **regular biological monitoring**.
- Associated with arthralgias (1 case) -> **non-steroidal anti-inflammatory drugs**.
- **Liver damage (13 patients)**.
- Hepatotoxicity (4 cases):
 - **treatment interruption** (1 case).
 - **isoniazid dose adjustment** (2 cases).
 - **pyrazinamide interruption** (1 case).
- Biological disorder (12 cases).
- Evolution: Spontaneous improvement (9 cases).

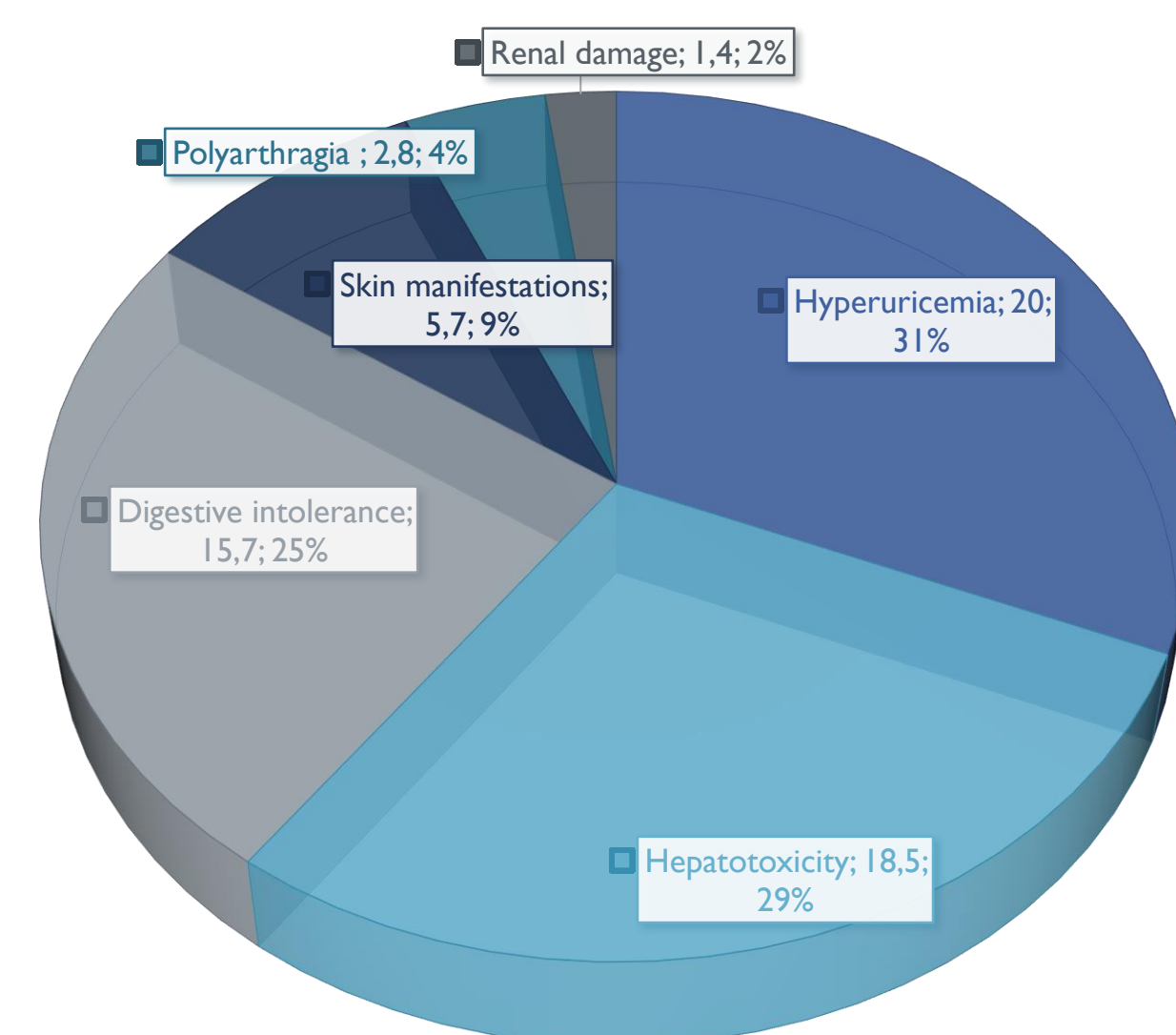


Fig: Breakdown of side effects in patients on CATD

- Hepatotoxicity is the most severe adverse effect of anti-tuberculosis drugs (2).
- It is responsible for 6 to 12% of mortality in patients treated for tuberculosis (3).
- Pyrazinamide is the most frequently incriminated (4).
- Asymptomatic elevation of transaminases to five times normal requires treatment to be discontinued.

• **Gastrointestinal manifestations :**

- Nausea and epigastralgia (11 patients).
- Treatment was discontinued by patients in 4 cases.

- All first-line anti-tuberculosis drugs can be responsible for gastrointestinal adverse from minor symptoms such as nausea, vomiting and abdominal pain to life-threatening complications. (6)

• **Skin manifestations (4 patients).**

- Simple pruritus improved by oral antihistamines (3 cases)
- Pyrazinamide induced generalised urticaria during the second month of quadritherapy (1 case). The patient was treated with **injectable antihistamines** and **corticosteroids** and switched to **dual therapy (HR)**.

• **Polyarthralgia (2 patients)** who responded favourably to **Level I analgesics**.

- A particular feature of combinations of anti-tuberculosis drugs is that the side-effects specific to each may be potentiated by the others (7). In addition, the duration of treatment plays a significant role in the occurrence of adverse effects (8).

Conclusion

Side effects of combined anti-tuberculosis treatment are quite common but the majority of them are mild and do not require modification of treatment.

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