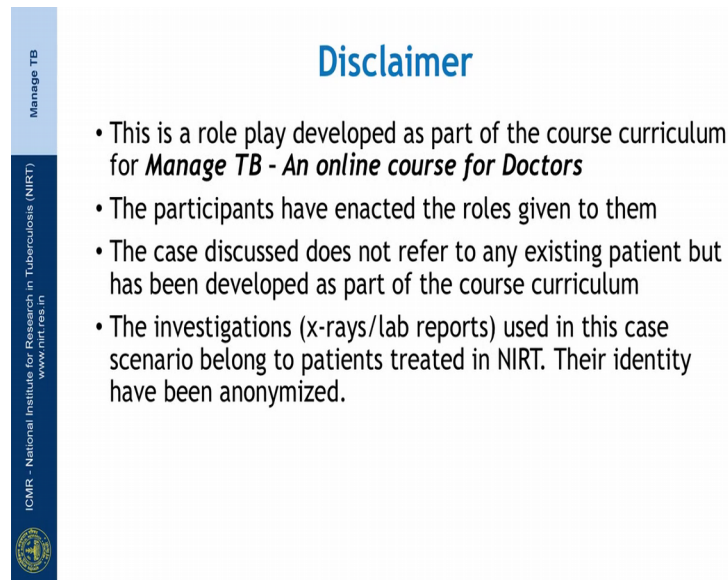


Manage TB
National Institute for Research in Tuberculosis, Chennai

Lecture – 50

Case discussion-Approach to management of jaundice during anti-TB treatment

(Refer Slide Time: 00:12)



Disclaimer

- This is a role play developed as part of the course curriculum for *Manage TB - An online course for Doctors*
- The participants have enacted the roles given to them
- The case discussed does not refer to any existing patient but has been developed as part of the course curriculum
- The investigations (x-rays/lab reports) used in this case scenario belong to patients treated in NIRT. Their identity have been anonymized.

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The investigations such as x-rays and lab reports used in this case scenario belongs to patients treated at national institute for research in tuberculosis Chennai, their identity have been anonymized.

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Management of adverse drug reactions during anti-TB treatment

Case discussion

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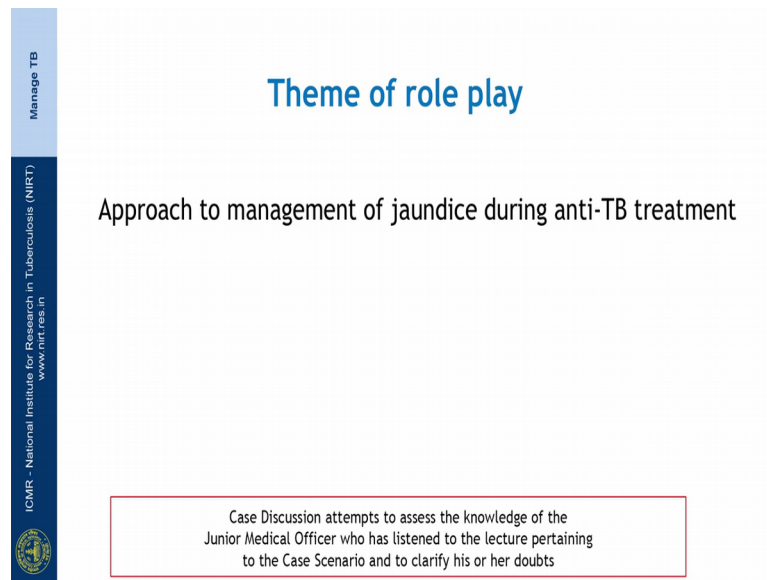
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Participants in the role play

- Chief Doctor
- Junior Medical Officer

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Theme of role play

Approach to management of jaundice during anti-TB treatment

Case Discussion attempts to assess the knowledge of the Junior Medical Officer who has listened to the lecture pertaining to the Case Scenario and to clarify his or her doubts

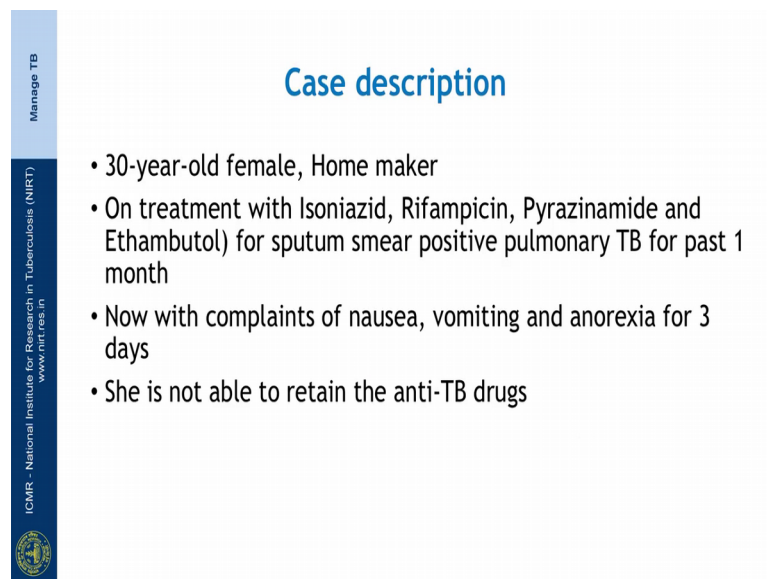
A very good morning to you madam.

Good morning, Doctor (Refer Time: 01:09).

Ma'am I have a case for you for a discussion.

Ok, please go ahead, we can discuss the case.

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Manage TB

Case description

- 30-year-old female, Home maker
- On treatment with Isoniazid, Rifampicin, Pyrazinamide and Ethambutol) for sputum smear positive pulmonary TB for past 1 month
- Now with complaints of nausea, vomiting and anorexia for 3 days
- She is not able to retain the anti-TB drugs

There is a 30 year old woman who is a homemaker has been on antituberculosis treatment for the past 1 month into the clinic with a history of nausea and vomiting for the past 3 days.

Have you collected any other additional information for us to help manage this patient?

Yes madam. She has no history of any fever, and no abdominal pain and there is no passing of loose stools. And she has two children, and she had undergone sterilization had lost menstrual period first two weeks back. I have did thoroughly her systems and also I did general examination, on general examination part she is afebrile there is icterus, she is not anemic. On local examination part her abdomen is soft, but there is tenderness over the right hypochondrium there is no guarding or rigidity.

Have you ordered any investigations for this patient?

Madam, since the patient is on antituberculosis medication. So, we have to look for hepatic and gastrointestinal causes. So, I have ordered for urine for bile salts and bile pigments and also LFT, which includes serum, bilirubin, AST and ALT.

If the liver function tests are reported as normal what will be your line of management for this patient?

So, till that I have to ensure the patient to take all the antituberculosis medication without vomiting, I asked that patient and to take the tablet along with the (Refer Time: 03:16). I also asked a patient to have little water to drink, I also asked the patient to take the tablet along with the food which makes the tablet palatable. If still the patient has vomited then I go for antiemetics and the antacid to cure their symptom.

Ok, very good. When is the liver function test results expected.

Just now madam. I have received a message earlier. Madam, her result have arrived in.

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Manage TB

Liver function test results

- Serum bilirubin : 2.5mg/dl
- AST : 60 IU
- ALT : 70 IU
- Urine bile pigments : Positive

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And her serum bilirubin is 2.5 milligram per deciliter.

Ok.

Where, AST is 60 international units and ALT 70 international units. She has jaundice. Her urine bile pigment is also positive.

Ok. So, now, now the patient has developed jaundice while on anti TB treatment. So, how will your line of management be for this patient?

So, in that case I will stop rifampicin, isoniazid and a pyrazinamide, and I start streptomycin with ofloxacin to ethambutol and I continue the treatment.

So, how will you monitor the progress of this jaundice when the patient is on these drugs which you just mentioned.

I will have a close watch on the patients LFT every week. So, when I ask when the LFT comes to normal.

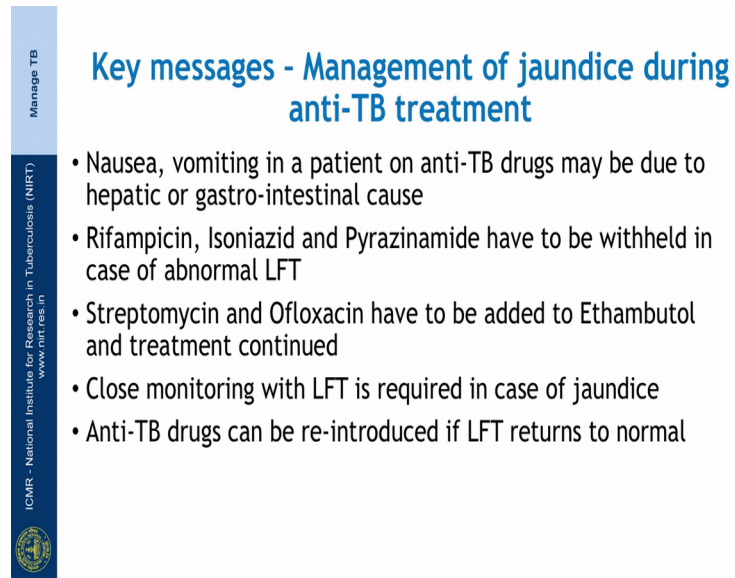
Ok.

I reintroduce all the tablets which I stopped earlier.

So, fine that is a very good management plan. So, can you please summarize what are the important discussion points from this case which we have discussed right now.

Yeah, definitely madam.

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Manage TB

Key messages - Management of jaundice during anti-TB treatment

- Nausea, vomiting in a patient on anti-TB drugs may be due to hepatic or gastro-intestinal cause
- Rifampicin, Isoniazid and Pyrazinamide have to be withheld in case of abnormal LFT
- Streptomycin and Ofloxacin have to be added to Ethambutol and treatment continued
- Close monitoring with LFT is required in case of jaundice
- Anti-TB drugs can be re-introduced if LFT returns to normal

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Nausea, vomiting in a patient on anti TB drugs may be due to hepatic or gastrointestinal cause. Rifampicin, isoniazid and pyrazinamide have to be withheld in case of abnormal LFT. Streptomycin and ofloxacin have to be added to ethambutol and treatment should be continued. Close monitoring with the LFT is required in case of jaundice. Anti-TB drugs can be reintroduced if LFT returns to normal.