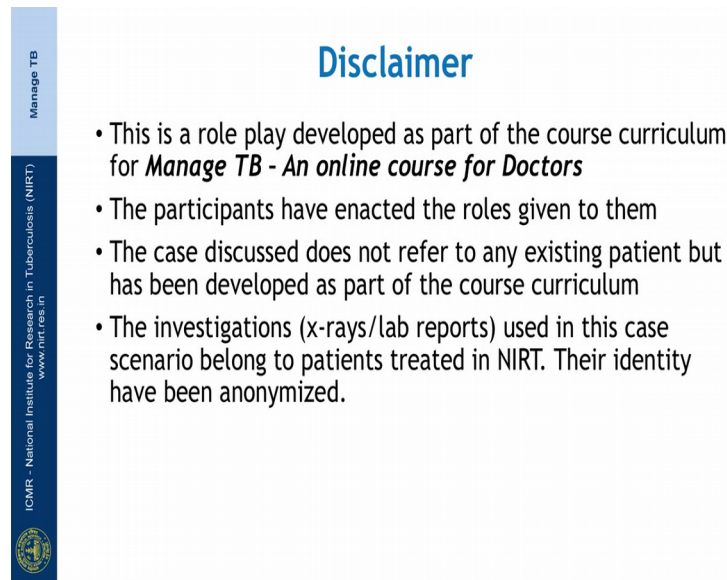


Manage TB
National Institute for Research in Tuberculosis, Chennai

Lecture – 51
Approach to management of skin rashes during anti-TB treatment
Case discussion

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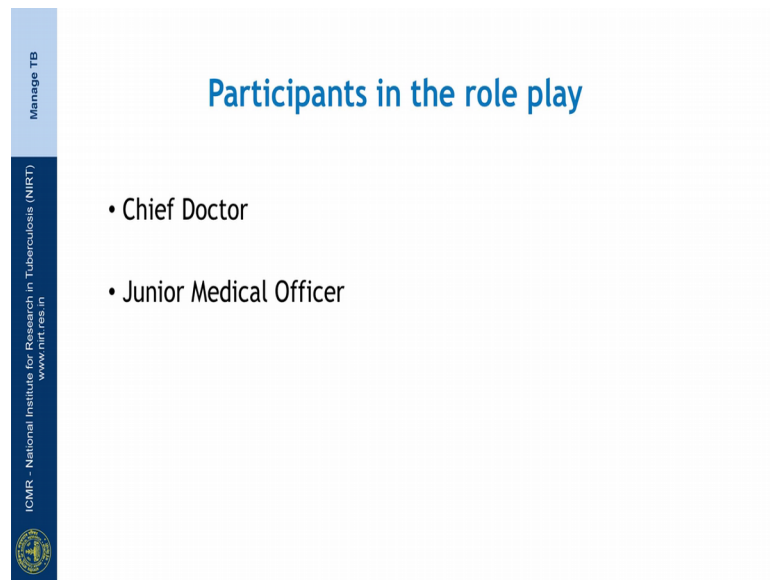
Disclaimer

- 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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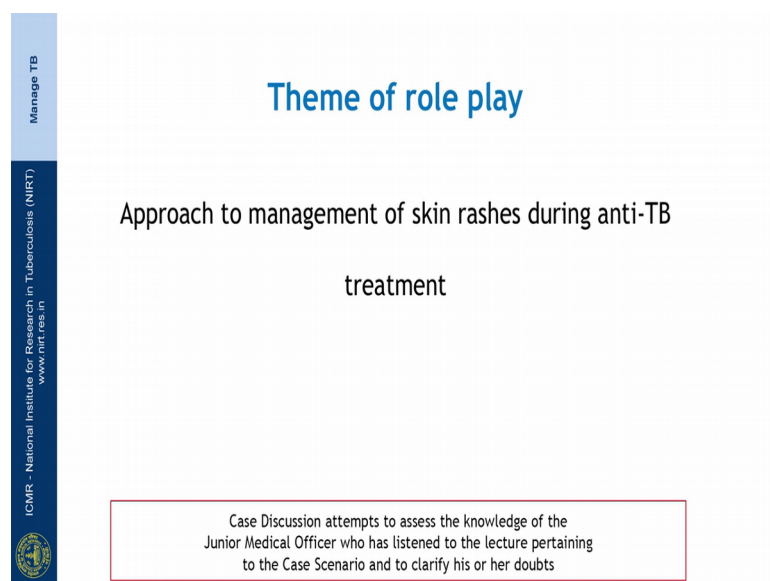
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Participants in the role play

- Chief Doctor
- Junior Medical Officer

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Theme of role play

Approach to management of skin rashes 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

Good morning ma'am.

Good morning.

Ma'am I have a case to discuss with you; are you free now ma'am?

Sure sure, we can discuss.

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Case description

- 45-year-old Male, Carpenter
- On treatment for sputum smear positive pulmonary TB for past 2 weeks with Isoniazid, Rifampicin, Pyrazinamide and Ethambutol
- He complains of generalized itching which disturbs the sleep, skin rash of 1 week duration

Ma'am there is a 45 year old male patient, who is a carpenter by occupation. He is on treatment for sputum smear positive pulmonary TB for the past 2 weeks and now he is come with the complaints of generalized itching which disturbs the sleep, he has skin rash for past 1 week.

Ok, can you please give further details of the this patient?

Yes ma'am.

Ma'am he is on treatment for sputum positive pulmonary TB with isoniazide, rifampicin, ethambutol and pyrazinamide; for the past 2 weeks and now he has itching all over the body; which disturbs his sleep for the past 1 week. He has developed rash about 3 days ago.

There is no fever, there is no history of any allergy to any drugs taken before, he is not on any other medications. He has no history of insect bite, application of any local medication or exposure to any allergenic plants. There is no change in his diet. I have examined him ma'am he is a febrile not anaemic and non jaundice. He has erythematous, maculopapular rash all over the limbs, base and trunk there is no mucous (Refer Time: 02:11).

How will we manage this patient now?

Ma'am if the rash was mild I would have given him antihistamine salve, but since a rash is severe in this patient I would like to stop all the anti-TB drugs reassure the patient and

give him anti histamic drugs and once a rash upsides I would like to reintroduce the anti-TB drugs in the following order; that is rifampicin, then ethambutol, isoniazid and pyrazinamide with a gap of 3 to 5 days interval. And if the rash reappears any time then I would stop the offending drug and replace it with streptomycin.

Very good; what is the investigation it which you will for this patient?

Ma'am I would like to do a complete plate count to rule out thrombocytopenia.

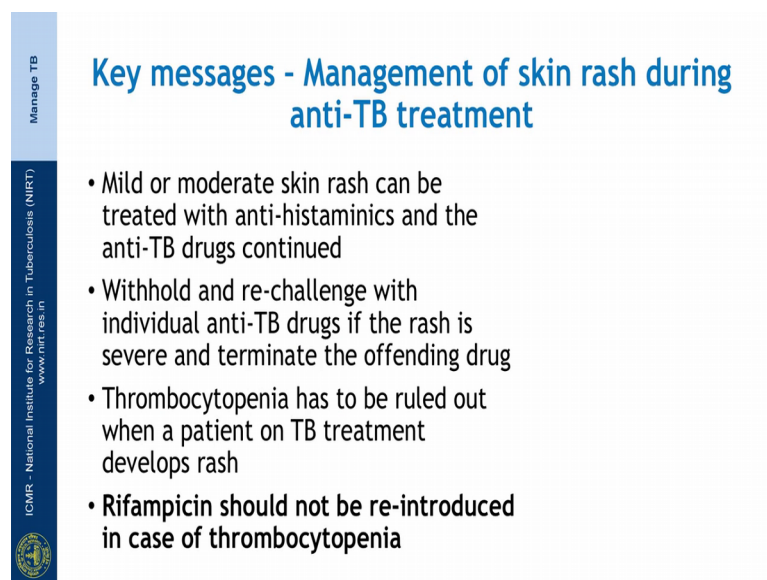
Ok, so if there is thrombocytopenia; then how will you manage this patient?

Yes, if there is thrombocytopenia I would like to stop all the anti-TB drugs and wait till the platelets count becomes normal; once the platelet count becomes normal then I would reintroduce the anti-TB drugs except for rifampicin and I will closely monitor the patient for blood counts for the next 2 days.

Very good; can you please now outline the important points in the management of rash during anti TB treatment?

Yes ma'am.

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Key messages - Management of skin rash during anti-TB treatment

- Mild or moderate skin rash can be treated with anti-histaminics and the anti-TB drugs continued
- Withhold and re-challenge with individual anti-TB drugs if the rash is severe and terminate the offending drug
- Thrombocytopenia has to be ruled out when a patient on TB treatment develops rash
- Rifampicin should not be re-introduced in case of thrombocytopenia

Mild or moderate skin rash can be treated with anti histaminics and anti-TB drugs continued. Withhold and re-challenge with individual anti-TB drugs if the rash is severe and terminate the offending drug. Thrombocytopenia has to be ruled out when a patient

on TB treatment develops rash. Rifampicin should not be re-introduced in case of thrombocytopenia.