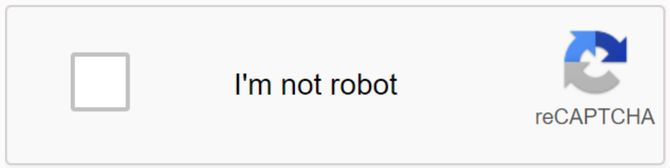

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Drug-resistant TB is caused by TB bacteria that are resistant to at least one tbfront drug. Multi-medicinal products tuberculosis (MDR TB) is resistant to more than one tuberculosis drug and at least isoniasid (INH) and rifampicin (RIF). Extremely drug-resistant tuberculosis (XDR TB) is a rare multi-drug-resistant tuberculosis resistant to isoniaside and rifampicin, as well as all fluoroquinolones and at least one of the three second-line injectable drugs (e.g. amimycin, kanamycin or capomycin). It is difficult to treat and treat drug resistant TB. Mismanagement can endanger a patient's life. Drug-resistant tuberculosis should be treated by a disease expert or under close supervision by an expert. For more information on drug-resistant development, visit the drug-resistant TB page. For more information about the drugs used in TBC click here. Treatment principles must be: CombinedVerified for a longer period. This allows: to control resistance in an emergency. Ensure individual healing. Decrease in baciliferous population. Avoid relapse. According to MINSAL, according to FICA It is considering new cases (VT) such as those previously treated (AT) – exacerbations and treatment after the loss of follow-up (re-entry) of pulmonary or extrapulmonary tuberculosis, with or without bacteriological confirmation. Except for treatment failures. Total duration: 6 months. Dailyphas compound (50 doses, 2 months – 10 weeks) – 45 to 70 kgFas trisemanal (48 doses, 4 months – 16 weeks)Isoniazide300 mg600mgRifampicina600 mgPirazinamide1500 mgEtambutol800 mg according to MINSAL (Fica said 1200 mg) Patients weighing less than 45 or over 70 kg should adjust the dose per kg. Primary schedule with fixed dose These regimens cannot be used in patients with pre-existing hepatic impairment, advanced chronic renal failure or any known allergy. PhaseTheritol isolation mgTablet countDosisDiariaRifampicin 150Isoniaside de 75Pirasine 400Etambutol 275450TrisemanalRifampicin 150Isoniasidide 150448 All of the above applies to patients weighing 45 to 70 kg. Indications for corticosteroids Use prednisone 1 mg/kg in adults for 2 weeks followed by a reduction of 10 mg per week. MeningitisPeritonitisBid tuberculosis with proliferation of lung, endobronchial or atelectase. Special conditions of TBC Treatment ConditionTreationAssociation with according to the previous TARV and patient CD4 levels. If TARV prefers diagram 2 nucleoside analogues reverse transcriptase inhibitors + non-nucleoside analogue (Efavirenz). Immunocompromised patientsAding burning sensation Tuberculous meningitis Normalized tweet + corticosteroids. PregnancyNorm c is burned to extreme thicknessSequesum dose adjustment according to the recommendationsSyicotuberculosis Initial beeping with phase two, duration of 10 months and total duration 12 months. Decompensated hepatic impairmentSs specific incineration without rifampicin or pirazinamide for a total duration of 18 months: 2 months streptomycin, isoniacide and etambutol (SHE: 50 doses) and 16 months streptomycin, bisetaalisoniadide (S2H2: 128 doses). Renal insufficiency Primary or secondary squatter with dose adjustment as necessary according to the degree of renal insufficiency, especially streptomycin and etambutol. Think of the specialists. Alternatives to immunosuppression with or without TARV Why is an fasting patient listed in the office with TBC treatment? Aids patient should receive treatment for TBC and TARV How does he handle the situation? Four dosing regimens for the treatment of latent TB infection with ononiacide (INH), rifapentine (RPT) or rifampicin (RIF). While all treatments are effective, health care providers should provide shorter treatments that are more convenient than possible. Patients are more likely to stop treatment if they have a shorter period of time. Treatment should be changed if the patient has been in contact with a person with drug-resistant tuberculosis disease. It is recommended to consult a tuberculosis expert if a known source of infection has drug-resistant tuberculosis. Dosing regimens for the treatment of latent TB infection Dosing regimens for the treatment of latent TB infection Medicinal products Duration Interval Comments Isoniacide and rifappentin 3 months Once a week* Not recommended for people who: are under 2 years of age, if you are taking antiretroviral agents with clinically relevant or unknown interactions with rifapentin, are infected with INH or RIF resistant to more resistant. Rifampin 4 months a day Not recommended for patients with: HIV/AIDS and taking antiretroviral medicinal products with clinically relevant or unknown interaction (rifabutin can be used as a replacement medicine), are thought to be infected with M. RIF-resistant tuberculosis, and women who are pregnant or intend to become pregnant within 4 months of the dosing schedule. Isoniacide 6 months a day is not recommended for people who should be infected with M. INH-resistant tuberculosis. Twice a week** Not recommended for people who should be infected with M. INH-resistant tuberculosis. Isoniacide 9 months a day is not recommended for people who should be infected with M. INH-resistant tuberculosis. Preferred treatment for: PEOPLE with HIV/AIDS who are taking clinically relevant or unknown pharmacological interactions with rifapentine once a week or rifampicin daily. Pregnant women (pyridoxine/vitamin B6 additives). Twice a week** Not recommended for people who should be infected with M. INH-resistant tuberculosis. Preferred treatment for pregnant women (pyridoxine/vitamin B6 supplements) *Use direct monitoring therapy (DOT) or self-administered therapy (for children, Administered by parents) **Using direct observation therapy (DOT) Note: Following reports of serious liver injuries and deaths, the CDC recommends that a combination of rifampicin (RIF) and piratedamide (PZA) should not be offered to treat latent TB infection. Dear friends, we will return for months, apologize to our followers. I have received a number of issues with regimens sensitive to TB, which are dealt with in the first line of medications: isoniacide (H), rifampicin (R), etambutol (E) and pirazinamide (Z). There are doubts about doses that have changed according to the patient's age: under 15 and 15 older. they have also acted due to changes in tb: pulmonary or extrapulmonary commitment to the central nervous system or osteo-articular system (in both cases the treatment is 12 months because of the difficult availability of drugs in these anatomical regions); and eventually it varies from HIV infection. This poster summarily sums up sensitive TB regimens according to a 2013 report. Please distribute to all interested health professionals... Alberto Stage Duration? Frequency Medicines and dose... Read the full document Register to read the entire document. Tuberculosis has been a deadly disease for centuries. Today, it causes more deaths than any other microorganism, although the incidence of infection is Slowly. This is due to the development of virulent strains and the development of conventional tuberculosis treatment resistance. The highest mortality rates are mainly in african and Asian countries where living conditions are uncertain. This is due to the relationship between TB and HIV pathogens. In this sense, a quarter of HIV deaths are caused by tuberculosis. At the end of 1940, the discovery of streptomycin began to provide the basis for effective treatment of TB. Such treatment would gradually improve due to the findings of isoniaside, rifampicin and etambutol in the 1960s. Fortunately, the picture has continued to improve and TUBERCULOSIS has become an easily treatable disease. The World Health Organisation (WHO) estimates that in 2015, the number of people with a who's been signed up to the world's largest One third of the world's population carries the micro-organism and 10% of them develop the disease. What is tuberculosis? Tuberculosis is an infectious disease caused mainly by the bacterium Mycobacterium tuberculosis. The bacterium is also known as Koch bacillus and forms together with M. bovis and M. africanum, the Group Mycobacterium tuberculosis complex. Humans are the only tipping plant for this micro-organism; from there, it can be fatal if the treatment is not managed on time. The disease is transmitted through one person in close contact with another, inhaling infectious aerosols. Patients who remove bacilli from their respiratory tract is called bacilifers. Read also: Tuberculosis Treatment method of tuberculosis consists of two types of drugs, although prevention of resistance is often associated: Frontline drugs involve tuberculosis at the cutting edge of treatment. These are isonias, rifampicin, rifabutin, etambutol and pirazinamides. The second-line medicines are used to treat infections suspected of being resistant to previous medicines or where they are causing problems due to adverse reactions. Highlights include caphromycin, cycloserine, streptomycin, clarithromycin and ciprofloxacin. Treatment phases The most commonly used tb action strategy consists of two phases: Initial treatment phase: This phase lasts about 2 months and combines isoniazine, rifampicin and pyraseamide. Etambutol may be added if it is suspected that the body is resistant. treatment: isonias and rifampicin are associated with approximately 4 months of treatment. You may be interested: 6 natural antibiotics that you probably didn't know about the first line of drugs for tuberculosis treatment, the drug in this category is key. The estimated period of administration is 6 to 9 months. There are currently 10 approved drugs for the treatment of tuberculosis, including: Isoniaside: This drug prevents the growth of latent microorganisms (i.e. is bacteriostatic), but also kills active bacteria. Its mechanism of action is based on inhibition of mycocholine acid synthesis (components of the mycobacterial cell wall). Its side effects include skin rashes, hepatotoxicity and neuropathy. The latter is the result of pyridoxine deficiency (vitamin B6) and is avoided by the administration of pyridoxine. Rifampicin: This is one of the most active TB drugs known; by inhibiting RNA polymerase from the micro-organism. It is administered orally and distributed in tissues that dye saliva, sputum, tears and oranges. Side effects are rare; may include rashes, fever and liver damage with jaundice. Etambutol: This drug should never be used alone because resistances appear quickly. Its effect is bacteriostatic, inhibiting the synthesis of mycobacterials in the cell wall. When administered orally and in good absorption, only optical neuritis is considered to be harmful. Pirasinamide: Like isoniaside, pyrezine amide inhibits the synthesis of bacterial mycocholine acids. Side effects include gout and liver disease. The second line of drugs this group of drugs must be a game of treatment for sb resistant first line drugs. This subtype of tuberculosis is difficult to treat; the most commonly used medicines are caperomycin (IM), cycloserine (VO) and streptomycin (IM). Is there a TB vaccine? The answer to that question is yes. BCG or Calmette-Guérin bacillus is a vaccine against TB disease. In general, administration is recommended only in certain people who meet very specific criteria and after consultation with an expert. Ultimately, it is recommended especially for children and healthcare professionals who are constantly exposed to the disease. If necessary, an analysis by a healthcare professional is required to demonstrate this. Appropriate.