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METHODS OF CORRECTING THE SIDE EFFECTS OF ANTI-TUBERCULOSIS DRUGS IN RESISTANT TUBERCULOSIS WITH POST-COVID SYNDROME AGAINST THE BACKGROUND OF CONCOMITANT PATHOLOGIES

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Abstract: The current situation in phthisiology in the Republic remains quite tense (especially in connection with the increase in cases of severe course, progressive forms of tuberculosis after suffering from COVID pneumonia) and the increasing incidence of drug-resistant tuberculosis in this group of patients associated with the frequent use of antibiotics and chemical antimicrobial drugs (fluoroquinolones) in general medical institutions.

Key words:aplastic anemia, heart palpitations, tivortin, thiotrozolinna, levocarnitine, mildronate, erythropoietin

INTRODUCTION

I was correcting the complex treatment, allowing to prevent the development of side effects of anti-tuberculosis drugs in patients with tuberculosis against the background of concomitant and competitive pathologies

We have studied the case histories of 20 patients with tuberculosis and concomitant pathologies, treated for a broad-spectrum form of tuberculosis with concomitant pathologies of the lungs (meaning previous viral pneumonia), heart and digestive organs. In 12 patients out of 20, against the background of tuberculous lesions of the lungs (data from X-ray and computed tomography), before the start of antibacterial treatment, residual changes after previous covid pneumonia were detected (the presence of varying degrees of pneumofibrosis combined with caseous degeneration of the lungs). In two patients out of 6 with post-covid changes in combination with hypertension, against the background of therapy with antihypertensive drugs, the condition was aggravated by the manifestation of dyspepsia, three patients had symptoms of anosmia. One patient had pulmonary hemorrhage, and two elderly patients had manifestations of aplastic anemia, the remaining patients had mild forms of dyspepsia, shortness of breath, increased heart rate, and the appearance of symptoms of polyneuropathy [1]. The complex therapy eliminated the side effects of the drugs by the end of the 2nd month, only in two female patients, they persisted in the form of peripheral polyneuropathy of stages 2 and 3. Analysis of the frequency of side effects of anti-tuberculosis drugs before the COVID pandemic period established: a significant increase in the frequency of side effects in patients with pulmonary tuberculosis, which is presumably associated with multi-organ changes after suffering coronavirus and polypharmacy in the treatment of COVID.

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RESULTS

Traditionally used pyridoxine hydrochloride in therapeutic doses did not give the expected effect, in connection with this, a reduction in the Linezolid dose was undertaken from 600 mg to 300 mg, due to which the drug was retained in the standard treatment regimen. In the complex treatment of patients for the prevention of side effects included: cardioprotectors, hepatoprotectors, drugs improving microcirculatory clearance (with the exception of patients with hypertension, due to the side effect of Bedaquiline, Delanamid and Clofazimine (increasing the risk of prolongation of the QT interval). When clinical symptoms of toxic liver damage appeared, Corsil, Essentiale, Phosphogliv were connected; these drugs were prescribed by a hepatologist [2].

In the complex treatment of widely resistant forms of tuberculosis, drugs are used that have a toxic effect on the heart, liver, and hematopoietic system. From this position, it is necessary to carry out prevention of the development of side effects using new means of pathogenetic therapy in the pharmacotherapy scheme, one of which is a solution of lesfal, essinciale, remaxol, and glutoxim. Its use in the early stages of chemotherapy allows to stop the manifestations of a "bacterial crisis" in observed patients with severe forms of tuberculosis in 74% (27) of patients [3]. The use of these drugs to correct the side effects of chemotherapy allows to do without the cancellation of anti-tuberculosis drugs. Compliance with a diet also allows to better tolerate drugs.

CONCLUSION

Thus, the use of tivortin, thiotrozolin, levocarnitine, mildronate, erythropoietin (how many patients, what were the results) Lesfal, Essenciale, Heparixol and Glutoxim in patients with tuberculosis receiving treatment for extensively resistant tuberculosis with concomitant liver pathology allows to improve the quality of life of patients and, in a significant percentage of cases, improve laboratory test results, and reduce intolerance to anti-tuberculosis drugs.

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