

ABSTRACT

THE PATTERNS OF ANTITUBERCULOSIS USE IN PULMONARY MULTIDRUG-RESISTENT TUBERCULOSIS (MDR-TB) PATIENTS WITH RENAL IMPAIRMENT (Study at MDR-TB Unit in RSUD Dr. Soetomo Surabaya)

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Multidrug-Resistant Tuberculosis (MDR-TB) is a *Mycobacterium tuberculosis* resistant event to antituberculosis. Patients who do MDR-TB's therapy can experience renal impairment which caused of side effect and comorbidity. That condition can be serious because some antituberculosis are nephrotoxicity and excrete by renal.

The objective of this study is to learn about pattern of antituberculosis's uses in patient MDR-TB with renal impairment in Dr. Soetomo Hospital Surabaya. This study is a observational research using retrospective data in the period 1 January 2014-31 December 2016 and the analysis was done descriptively.

Twenty one patients MDR-TB with renal impairment who entered inclusion criteria had a regimen consisting of first and second line antituberculosis. In this study there were 14 MDR-TB patients who experienced a combination change caused renal impairment. When combination changes, kanamycin replaced by capreomycin and levofloxacin replaced by moxifloxacin. However, in 1 patient kapreomisin replaced by kanamycin. The most widely used combination is Pyrazinamide-Etambutol-Capreomycin-Moxifloxacin-Etoniamid-Cycloserine in the intensive phase. Dose adjustment in MDR-TB patients with renal impairment is done by decreasing the dose and changing the frequency of antituberculosis administration. Side effects of MDR-TB treatment included hearing loss, increased uric acid, hypokalemia and pain.

Keywords: antituberculosis, MDR-TB, renal impairment, retrospective