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CLINICAL PHARMACIST INTERVENTION ON ANTITUBERCULAR DRUG-INDUCED HEPATOTOXICITY IN PATIENT WITH MILIARY PULMONARY TUBERCULOSIS– A CASE REPORT

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ABSTRACT

Primary antitubercular drugs like isoniazid, pyrazinamide and rifampicin are responsible for hepatic related adverse drug reactions like hepatitis and obstructive jaundice, which leads to the discontinuation of that drug, has several complications including an increased morbidity and mortality. Here,a case of 20 years old man reported in the hospital presenting with an adverse drug reaction of antitubercular drug induced hepatotoxicity with miliary pulmonary tuberculosis. Patient had antitubercular therapy 1 week before and the clinical findings showed significant elevation of liver transaminase enzymes, and he was non-alcoholic and non-smoker. Initially,dechallenge was done with non-hepatotoxic anti-tuberculosis drugs. The therapeutic intervention was made based on the liver function tests and ultrasound sonography of abdomen. Treatment was continued with non-hepatotoxic anti-tuberculosis drugs and prognosis was achieved. Rechallenge with isoniazid was done on 9th day but later it was stopped due to elevated liver function test values. On 24th day,rechallenge was done with rifampicin and the liver function test values were within the normal range. Clinical pharmacist intervention was done by considering all the informations, causality assessment was done by using Naranjo's scaleand it was found to be 10 as a definite adverse drug reaction.Following the establishment of challenge-dechallenge-rechallengeagainst adverse drug reaction and by implying standard treatment approach for drug induced hepatotoxicity, the patient's outcome was greatly improved and the intervention proved to be successful.

KEYWORDS:Miliary Pulmonary Tuberculosis, Antituberculosis Drug-Induced Hepatotoxicity, Clinical Pharmacist, Naranjo's scale.