STANDARD TREATMENT WORKFLOW (STW)

Antitubercular Therapy Related Hepatitis

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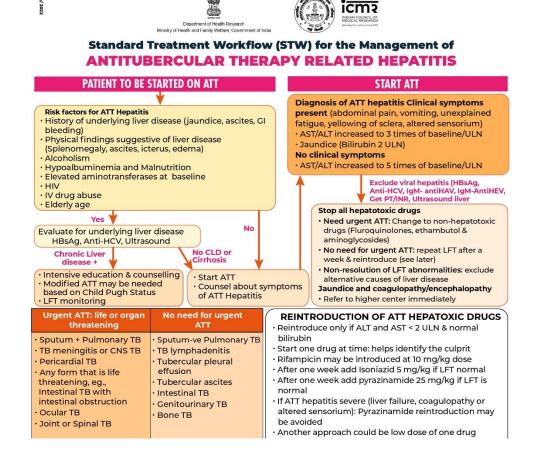
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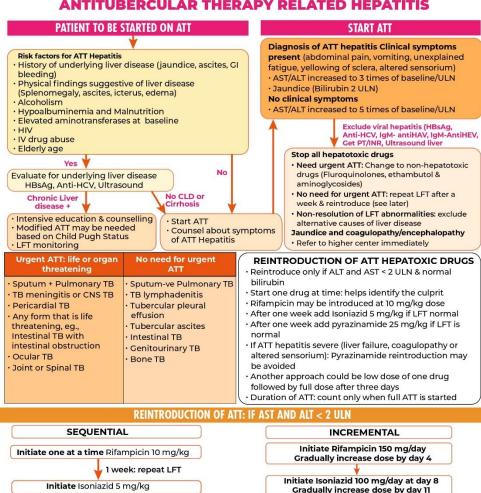
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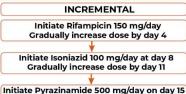




Standard Treatment Workflow (STW) for the Management of ANTITUBERCULAR THERAPY RELATED HEPATITIS



1 week: repeat LFT Initiate Pyrazinamide 25 mg/kg



Gradually increase dose by day 18 ATT SELECTION FOR UNDERLYING LIVER DISEASE

CHILD PUGH (CTP) SCORE				
	Score 1	Score 2	Score 3	
Bilirubin	< 2 mg/dl	2-3 mg/dl	>3 mg/dl	
Albumin	>3.5 gm/dl	2.8-3.5 gm/dl	<2.8 gm/dl	
INR	<1.7	1.7-2.2	>2.2	
Ascites	Absent	Slight	Moderate	
Encephalopathy	Absent	Grade 1-2	Grade 3-4	
HEPATIC ENCEPHALOPATHY GRADE • Grade 0: normal consciousness, personality & neurological				

	Score 1	Score 2	Score 3	
Bilirubin	< 2 mg/dl	2-3 mg/dl	>3 mg/dl	
Albumin	>3.5 gm/dl	2.8-3.5 gm/dl	<2.8 gm/dl	
INR	<1.7	1.7-2.2	>2.2	
Ascites	Absent	Slight	Moderate	
Encephalopathy	Absent	Grade 1-2	Grade 3-4	
HEPATIC	ENCEPHALO	PATHY GRADE		

examination Grade 1: restless, disturbances in sleep, irritability or

agitated, tremors, handwriting affected Grade 2: lethargy, disorientation to time, asterixis, ataxia Grade 3: somnolent & stuporous, disoriented to place hyperactive reflexes, rigidity

Grade 4: unrousable coma, decerebrate

Child Status Suggested ATT Child A Cirrhosis 9 months of therapy with HRE **OR** 2 months of therapy with HRE followed (Score 1-6) Stable Liver disease by 7 months of HR One hepatotoxic drug regimen can be Child B Cirrhosis used: Two months of therapy with INH (Score 7-10) (or) RIF with ETH & aminoglycoside Advanced Liver followed by 10 months of therapy with Disease INH/RIF & ETH No hepatotoxic drug Child C Cirrhosis 18 to 24 months treatment using a (Score 11-15) combination of ETH, FQL, cycloserine & Very advanced liver disease aminoglycoside/ capreomycin In Acute hepatitis Avoid hepatotoxic drugs ATT with non-hepatotoxic drugs if urgent ATT required
Wait till improvement in liver function if no urgent need of ATT

ABBREVIATIONS

ALT: Alanine transaminase HRE: Isoniazid, Rifampicin, Pyrazinamide LFT: Liver function tests GI: gastro-intestinal PT: Prothrombin time AST: Aspartate transaminase HAV: Hepatitis A virus IgM: Immunoglobulin M RIF: Rifampicin ATT: Anti-tubercular treatment HBsAg: Hepatitis B surface Antige ETH: Ethambutol **HCV:** Hepatitis C virus INR: International normalized ratio TR: Tuberculosis FQL: Fluoroquinolone **HEV:** Hepatitis E virus IV: Intravenous ULN: Upper limit of normal REFERENCES

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This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (sem.nerg.in) for more information.

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