Failure of DOTS Category — II Treatment: A Report on 3 Cases

Sir,

One of the most important landmarks in the history of tuberculosis control is the introduction and implementation of the DOTS (Directly Observed Treatment Short-Course). Under DOTS of RNTCP as recommended by WHO, category-II patients of pulmonary tuberculosis belong to 3 sub-groups. One sub-group is of relapse, second is of treatment failure and third one is of treatment after default. Failure rate in category-II treatment of WHO is reported from 4%-35%. This does not mean that rest of the patients were cured. A study from Siberia showed that only 46% of the patients could be declared cured on the basis of sputum smear microscopy at the end of the therapy. They also reported that this five drug regimen of category-II of WHO is inadequate for re-treatment regimen. We are reporting three cases who have failed in year 1999 on CAT-II treatment of RNTCP at Lucknow, all the cases belonged to treatment failure subgroup of CAT-II.

Case 1

S.J., 45 years female was admitted with complaints of fever, cough, expectoration, loss of appetite and weight. Total duration of her illness was of more than two years. Two years back she was diagnosed as a case of pulmonary tuberculosis and received Streptomycin (S), Isoniazid (H), Rifampicin (R), Ethambutol (E), Pyrazinamide (Z), and Thiacetazone (T) for 14 months irregularly in different combination regimens. At last in Feb. 1999 when her sputum smear for AFB (Acid Fast Bacilli) was positive, she was registered under Cat-II of RNTCP as a treatment failure case of her area. As per records her sputum smears for AFB were negative at 3rd and 5th month of the treatment but it again became positive at the end of treatment with the recurrence of symptoms. With this previous treatment history, she was admitted in the department and her sputum was sent for culture and sensitivity or Mycobacterium tuberculosis (MTB). Results revealed positive growth of MTB and resistance to S and E only.

Case 2

D.K., 35 years male patient who was admitted as a case of CAT-II treatment failure of RNTCP had a past history of illness for 3 years. Prior to his registration in April 1999 under Category-II of RNTCP as a treatment failure case he had received RHEZ in various combination regimen for almost two years very irregularly. During the treatment under RNTCP, his sputum smears for AFB were negative at 3rd and 5th month but again at the end of treatment his sputum smear became positive. He was then referred from his DOTS centre to our department where his sputum was sent for culture and sensitivity for Mycobacterium tuberculosis which revealed the resistance to S, H, and R.

Case 3

S.K., 35 years male admitted with complaints of cough, expectoration, fever, hemoptysis, and breathlessness for 9 years. In this period he took SHREZ and T in various combination regimens irregularly. In July 1999, his sputum smear for AFB was positive and was registered in Cat-II of RNTCP as a treatment failure case. At the end of 3rd, 4th and 6th month of the treatment, his sputum smears for AFB remained positive and was referred to our department. His sputum culture for Mycobacterium tuberculosis was positive and sensitivity revealed resistance to S, R, and E.

Category-II appears good for relapse and treatment after default types of patients. But for treatment failure group, is this category adequate? To answer this question a controlled clinical trial is required on a large number of such types of patients. Two of our cases, 1 and 2 showed failure at very late stage i.e. at the end of treatment, so follow-up of such types of cases is also being felt for a prolonged period.

R Prasad*, SK Verma**, R Garg***
*Professor and Head; **Assistant Professor; ***Lecturer, Department of TB and Chest Diseases, King George’s Medical College, Lucknow.

Received : 17.6.2002; Revised : 17.12.2002; Accepted : 4.1.2003

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Correspondence