

**PULMONARY TUBERCULOSIS TREATMENT
OUTCOMES IN HIV INFECTED PATIENTS ON
ANTIRETROVIRAL THERAPY**

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ABSTRACT

Objective: To determine the treatment outcomes of pulmonary tuberculosis in HIV- infected patients on antiretroviral therapy (ART)

Method: A retrospective study was conducted among HIV-infected patients aged 15 years and above, who presented with active pulmonary TB (culture-positive cases) and received anti-TB treatment and NNRTI-based antiretroviral treatment.

Finding: There were 65 patients (47 male) with a median age of 32 years (range 20-58). Positive culture results were obtained from sputum (57 patients) and trans-tracheal aspirate (8 patients). At the time of TB diagnosis, the median CD4 count was 33 cells/ μ L (range 2-342). 50 patients (76.92%) received HRZE anti-TB regimes for at least 2 months in the initial phase and 15 (23.08%) did not receive HRZE for at least 2 months in the initial phase. ART was initiated at a median of 12 weeks (range 0-52) of TB treatment. Eight patients (12.3%) had already received ART before TB diagnosis. 43 patients (66.1%) received NVP-based regimes and 22 (33.9%) received EFV-based regimes. 36 patients (55.4%) received NVP and RFP concurrently, and the median of overlap was 115 days (range 5-394 days). Drug toxicity was observed in 26 patients (40%). There was no significant association between drug toxicity and concurrent use of NVP and RFP. IRIS occurred in 5 patients (7.7%) and opportunistic infections occurred in 4 patients (6.2%) after ART had started. 33 patients (50.8%) were clinically cured, 20 (30.8%) were cured, 5 (7.7%) were transferred out, 3 (4.6%) had treatment interrupted, 3 (4.6%) died, and 1 patient had treatment failure. There were no significant associations between TB treatment outcomes and anti-TB regimes, ART regimes and concurrent use of NVP and RFP, but the schedule for initiating ART was significantly associated with pulmonary TB treatment outcomes.

Conclusion: Initiation of ART in the early course of HIV infection, before TB infection, yields a favorable pulmonary TB treatment outcome. NVP-based ART may be an option for HIV-infected patients receiving RFP.

KEY WORDS: Pulmonary TB/ HIV/ anti-TB/ ART/ treatment outcomes