

## GUIDELINES FOR ANTI-TB TREATMENT IN EXTRAPULMONARY TUBERCULOSIS CASES

- Once confirmed your patient has extrapulmonary tuberculosis, usually via HPE, culture or strong evidence clinically/radiologically, he/she has to be started on anti-TB treatment.
- If your patient has uncomplicated extrapulmonary TB, e.g. TB lymphadenitis and requires minimum follow up, he/she can be sent to **Luyang TB Clinic** or any of the **Klinik Kesihatan** or **District Hospital** for initiation of treatment and follow up. Most simple uncomplicated extrapulmonary TB cases do not need immediate treatment.  
**Please ask the patient to go to the nearest and most convenient clinic.** Any medical officer in a Klinik Kesihatan or District Hospital can initiate TB treatment and follow up your case. **(You are expected to notify and register the case from your ward before you send the case to any clinic for treatment and follow up).** Your case can be notified and registered in the respiratory clinic.
- If your patient has extrapulmonary TB that is severe or requires immediate treatment, then anti TB treatment should be initiated in your ward without referring to the respiratory team. Please **contact us** if your patient has medical problems or if you are unsure. **(Please notify and register the case at the respiratory clinic if the case is diagnosed in your ward).** Once your patient is stable and fit to be discharged, he/she can be either followed up by your clinic or transferred to the nearest health clinic/district hospital for completion of treatment. Please write a referral letter with a detailed plan to be brought to the new treatment centre by the patient if you do not wish to follow up the patient in your clinic. **If the patient is to be followed up by your clinic, you are responsible to ensure the patient does not default treatment at any stage till completion of treatment. If you are unsure about any issue during follow up in your clinic, please contact us. Please ensure that your patient is discharged from your ward with adequate number of anti-TB drugs.**
- The duration of treatment is recommended to be at least 9 months to 1 year. (The longer the duration, the better for complicated cases). There is no need to follow up your patient once he/she has completed treatment unless you think your patient may relapse.
- If your patient has any co-morbidities such as liver abnormality or renal impairment, please **contact us** for further plan of TB management.

## **1) Investigations to be taken prior to initiating anti-TB treatment**

- 1) FBC
- 2) BUSE
- 3) Creatinine
- 4) Uric Acid
- 5) LFT
- 6) HIV screening
- 7) Chest X Ray and sputum AFB X 3 (to ensure no pulmonary involvement).

## **2) Starting Anti-TB treatment**

Treatment is divided into intensive phase for 2 months and if improving, changed to maintenance phase for another 7 to 10 months. (if there is no improvement after 2 months, **contact us** for further plan). **Never give only 2 drugs in the intensive phase as this could cause resistance. If unsure, please contact us.**

### **Intensive phase (Please give 4 drugs):**

- a) T.Isoniazid 5mg /kg ( tab strength 100, 200) ---Max 300 od
- b) C.Rifampicin 10mg / kg (cap strength 150,300-cannot break in half)--Max 600 od
- c) T.Pyrazinamide 20 mg / kg ( tab strength 500) ---Max 1.5g
- d) T.Ethambutol 25 mg / kg ( tab strength 200,400) ---Max 1.2g
- e) T.Pyridoxine 10 mg od

**If you are unable to give these 4 drugs, please contact us.**

### **Maintenance phase (biweekly):**

- a) T.Isoniazid 15 mg / kg ---Max 900 mg od
- b) C.Rifampicin 10 mg / kg ---Max 600 mg od
- c) T.Pyridoxine 10 mg od

LFT should be done on Day 5 of treatment and if there is any abnormality, please **contact us** for further plan. Patient should be referred to the eye department (if on T.Ethambutol) for routine screening.

Follow up every 2 months for any complication. If any problems arise due to Anti-TB medication, **contact us** for further plan. There is no need for any routine blood investigation such as ESR, FBC, LFT etc to monitor your patient unless there is a specific complaint.

Please do not hesitate to **contact us** if you have any doubts. Further information on TB management can also be obtained from the Respiratory Department website.