

Pediatric XDR TB : Index of suspicion

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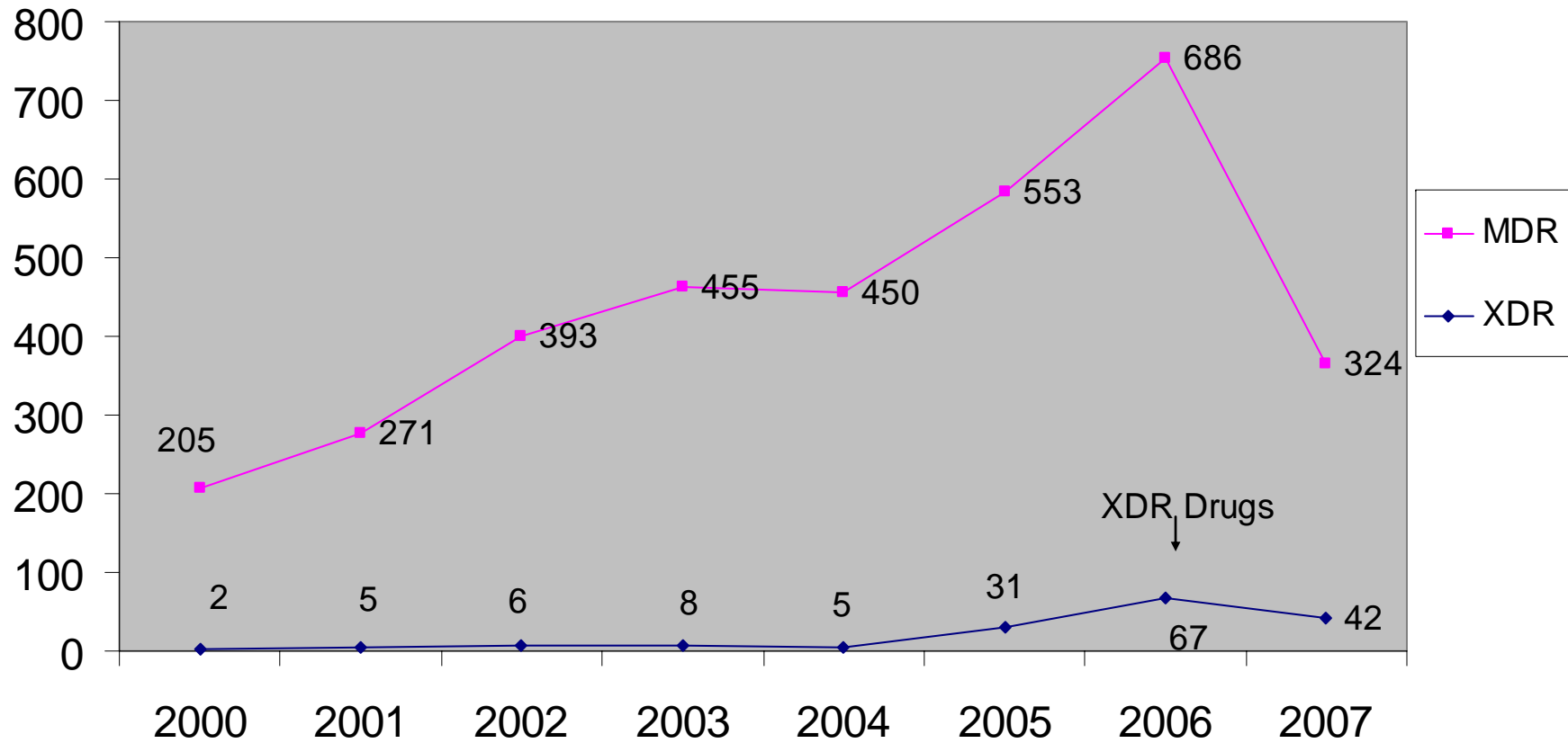


Introduction



Source: Source : Singh JA, Upshur R, Padayatchi N. XDR-TB in South Africa: No Time for Denial or Complacency. PLoS medicine 2007;4(1):e50.

MDR and XDR TB in King George Hospital 2000-2007



Source : Presentation given by Dr. I Master at King George V Hospital

RESULTS SUMMARY

		Analytic Sample (N=7)
Age Range		2-14yrs
Proportion female		4
Previous Rx:	Current	6
	Previous TB Rx (x 2)	2
	Nil	1
Reside in a rural area		4
Prev. Hosp. Admissions		3
HIV status:	Positive	6
	Negative	1
TB Contacts :	Nosocomial	2 + 1(?)
	Family contact	2
	Not known	2
Outcomes:	Deaths	3
	Alive	4

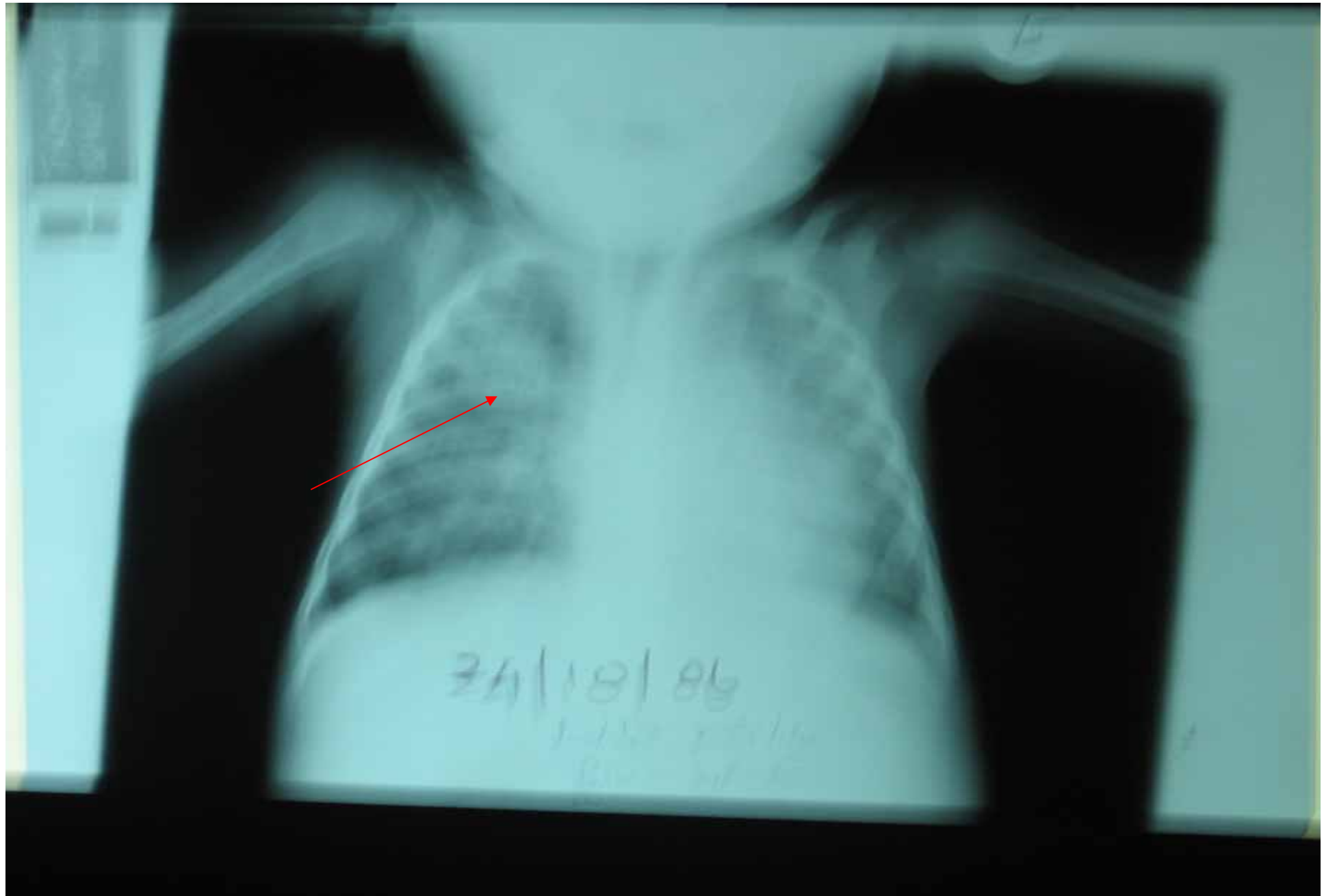
Case 1 - Before



Case 1 - After



Case 2 – Before



Case 2 - After



Comparison of survivors and deceased patients

SURVIVORS (n=4)	DEATHS (n=3)
HIV co-infection	
3 +ve - 2 on HAART 1 -ve	3 +ve - 2 on HAART
Response to TB Rx.	
TB Rx - 3 poor . - 1 no Rx MDR - 2 adequate, - 1 poor [had curative surgery] XDR - 1 good	TB Rx Initially adequate MDR Poor XDR Nil received
CD4 count /percentage	
3.07% 5.0 % 24.4% to 35%	106cells/ul (No percentage avail.) 8.0% No result in 1
Referred from	
2 rural 2 urban	2 rural from hotspot XDR hospital 1 urban
Time from sputum collection to XDR result	
Mean t= 4.5 Months (range: 2-6months)	Mean = 4.6 months (range : 2-7 months)

Conclusion

- **Treat the result? Vs treat the patient**
- **Don't give up on cultures**
- **Specific diagnostic tests for children**
 - **Aim for a rapid test as for HIV testing**
- **Specific paed. medicines formulations:**
 - **tablets vs suspensions**
 - **weight band**
 - **Oral vs per rectum**
- **Hospital vs Home Based Care (HBC)**



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