

Preventive application of liver-protecting drugs in the treatment of pulmonary tuberculosis

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Abstract: Purpose to improve the therapeutic effectiveness of TB patients , guarantee that the course is Benefit Complete . method Test Group 2so Patients with pulmonary tuberculosis were treated with liver-protecting drugs at the same time as the anti-TB drug treatment in the the procedure. , control group 2S0 cases of tuberculosis in the anti-TB prevent the use of liver-protecting drugs during nuclear therapy . to explore the role of liver-preserving drugs in the treatment of pulmonary nodule and its application . Results The incidence of liver injury in the experimental group is 4.9%, control groups Liver injury rate 14.0 % . Conclusion Liver injury in the course of anti-TB is more common. PL , Preventing the use of liver-protecting drugs can significantly reduce the incidence of sound liver injury in patients with pulmonary tuberculosis , To better enable TB patients to successfully complete chemotherapy , Increase cure rate .

Keywords: Tuberculosis, liver- protecting drugs, pulmonary liver damage

TB is still one of the major threats to human health. J1 up-knot development of nuclear chemotherapy , The liver damage caused by antituberculosis drugs is getting more and more attention .. Most anti-TB drugs are metabolized by the liver with potentially toxic liver cells Sex , Anti-TB treatment principle requires adequate , Union , to increase the hair of liver damage Live , if mishandled , it will directly affect patient's adherence to treatment. , not with continue chemotherapy , causes treatment failure . so ,How to prevent proper prevention during treatment adverse effects of anti-TB drugs " , " to Ensure the smooth end of the anti-TB course to , no doubt the practical problems that clinicians encounter at work . This article will be from our home from 2002 year 2 Month one Year 10 monthly TB patients admitted 566 example random score to 2Group , test group in the treatment of anti-TB therapy while routine prevention of liver protection drugs , control groups prevent the use of liver-protecting drugs in the course of anti-TB treatment | to protect liver drugs in the lungs A view of the role in the treatment of tuberculosis report the following .

1. Data and methods

1.1 Object

1.1.1 Test group randomly selects 286 patients with TB , men 156 Example , Women 130 cases , age old 079 old , average age 50.3 age 胛 Tuberculosis Diagnostics Mark2001 year tuberculosis recite and treatment guide I Previous no hepatitis , fat liver history without alcohol , History of taking toxic drugs J Pre-treatment liver function CheckThe results are normal .

1.1.2 The control group randomly selects 280 patients with TB , men 148 Example , Women 132 cases , age @ old 074 old , average age 51.6 year old tuberculosis diagnostic mark compliant 2001 year TB Diagnostics and Treatment

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guide ? Previous no hepatitis , fat medical history without alcohol , taking toxic drugs history J Pre-treatment liver function Check results OK .

1.2 Method

1.2.1 Pre-TB test liver function , during anti-TB therapy Monthly Review of liver function or patients with nausea , liver discomfort symptoms when the liver is checked feature .

1.2.2 All patients press 6 Hrse /6 HR Scheme , Isoniazid tablets per times 0.4g , daily 1 times ; rifampicin arthritic oral every time 0.45 g , daily 1 times ;D more nicotinamide tablets every time 0 . 5 G , daily 3 Times ; ethylamine butanol tablets every time 1.0 G , every day 1 Times . treatment of anti-TB therapy in the trial group also gave the aldehyde lactone tablet orally every 0.2 g , Daily 3 Sub-Weichai C tablet orally every time 0.2 g Sea Day 3 Sub-muscle glycosides every time 0.2 g , Daily 3 Secondary liver treatment ; The control group is not prevented from giving the guarantee Liver Drugs .

1.2.3 During the anti-TB treatment process , stop when diagnosed as drug-damaging liver to be given anti-TB drugs to protect the liver , Drop the enzyme and other symptomatic treatment . Drug Liver Damage Diagnosis standard for total bilirubin (TBiL>17.1 pmol / L and (or) alanine Amino Transfer enzyme (ALT) >40 U/L (normal value 0 fflo U/L) .

1.2.4 Statistics method count data use / Autopsy <0.05 is a unified Grass-roots Medical forum 2013 Year page Volume Supplement

To count differences .

2. Results

Test group 286 case of drug-caused liver damage in patients Example , takes up 4.9% control group 280 case of drug-caused liver damage in patients Example , takes up 14.6% 2 Group Compare statistically significant differences (P < 0 . 0 1) . See table 1.

3. Discussion

Liver function impairment in the course of anti-TB therapy is more common in the elderly than in older people. damage . isoniazid , drugs all have potential liver toxicity , can cause drugs physical liver damage , , and most of its liver damage occurs at the start of anti-tuberculosis treatment 1 month inside . the toxic metabolites produced by rifampicin can cause lipid peroxidation in the liver membranes the , destroys the integrity of liver membranes , causes the hepatocytes ' internal and external environment Ca⁺ ATP Enzymes The Steady state of the is compromised and the metabolites produced can be used as a semi-antigen induction Autoimmune disorders lead to drug-induced liver damage teeth " fu Ping Yuan also interferes with gall red The excretion of the vegetarian , causes a high bilirubin syndrome . isoniazid in liver P 450 no produce the toxic metabolites of 吡 嗪 base, etc. , The product is bonded by a covalent bond . Liver cell molecular substances cause hepatocyte necrosis and steatosis resulting in liver cell damage ping " fu ping Yuan can also induce hepatic microsomal enzymes , This enzyme can make isoniazid of the toxic metabolites increase further aggravate liver damage and cholestasis two synthesis Bile deposition with limited or diffuse hepatocyte necrosis and varying degrees and The drug-induced liver damage in the process of this clean TB is mainly endogenous hepatotoxicity and Teyima reaction jlf The bed is characterized by increased transaminase and cholestasis . product . The rate of liver damage in the control group is 14.6%, test groups are 49%, The description is in the anti-TB treatment while preventing the use of liver protection drugs , significantly reduce TB patients incidence of liver injury , To better enable TB patients to successfully complete the chemotherapy , mention High cure rate .

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