4. ADVERSE REACTIONS OF TUBERCULOSIS TREATMENT IN CHILDREN.

Author: Ala Essa

Scientific adviser: Stela Kulcitkaia, MD, Associate Professor, Department of Pneumophthisiology, *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. The incidence of tuberculosis in children is an indicator of the general epidemiological situation, since it is the result of primary infection with Mycobacterium tuberculosis. The success of tuberculosis treatment is determined by several factors, among which significant is the development of side effects. The administration of antituberculosis preparations is frequently accompanied by various side effects of different severity – from mild to very serious, which require discontinuation of treatment. Thus, adverse reactions of tuberculosis treatment in children can determine the success of treatment and the prognosis of the disease.

Aim of study. Studying the types of side effects of antituberculosis treatment in children.

Methods and materials. There were analysed 52 cases of children admitted for treatment in the children's section of the Municipal Clinical Hospital of Phthisiopneumology, with the diagnosis of tuberculosis and with side effects signalled during the administration of the treatment during the years 2018-2020.

Results. It was established that 35(67,3%) children with adverse reactions during treatment had the age of up to three years, 10 (19,2%) children were aged 4-10 years and 7 (13,5%) children – older than 11 years. The most common side effects were from the gastrointestinal tract and were manifested by dyspeptic syndrome – in 35(67,3%) cases. Toxic hepatitis with increase in biochemical indicators (transaminases and bilirubin) was notified in 27(51,9%) cases. Less often the following side effects were recorded: allergic dermatitis - 20 (68,5%) cases, convulsive syndrome - 5(9,6%) cases, kidney damage - 2(3,8%) cases. In 23 (45,8%) cases were reported mixed side effects. Among the children with tuberculosis, who had adverse reactions of the administration of the treatment predominated the cases with drug-resistant TB – 35 (67,3%) cases. The analysis of clinical forms of tuberculosis in children who had adverse reactions of anti-TB treatment established the predominance of extensive and pulmonary processes – in 39(75%). Comorbid status in children included in the research was determined in 1/2 of the cases. The development of adverse reactions to the administration of antituberculosis drugs required discontinuation of treatment in 32 (61,5%) cases, so measures were necessary to correct the side effects and the drug that caused the adverse reaction was cancelled – excluded from the therapeutic scheme. Thus, the duration of treatment was longer at about 1/3 of the total number of children included in the study.

Conclusion. Adverse reactions of treatment in children develop predominantly at an early age and can require both therapeutic success and the course of the disease.