ID case answers:

Q1. WCC still in range – expect raised when infection present
Differential count – expect agranulocytes (lymphocytes and monocytes) to be raised

Q2. 2 weeks

Q3. Social circumstances and possibly PMH suggest potential compliance problems
DOTS mandated locally and by WHO for resistance combined preparations – quality control re rifampicin

Q4. To protect against isoniazid-induced peripheral neuropathy. Dose is higher than usual 10mg since Mr JJ has a poor diet.

Q5. LFTs – hepatitis/jaundice rare with pyrazinamide, isoniazid, rifampicin therapy. Transient increases may occur in first few weeks of treatment but rarely indicate serious toxicity or necessitate drug withdrawal. JJ has 3 risk factors for hepatotoxicity: concurrent administration of rifampicin and isoniazid, > 30 years age, pre-existing liver disease, excessive alcohol intake.

Ophthalmic examination – ocular toxicity to ethambutol. Usually reversible so regular checks.

Supplementary question/s:

- Patient was admitted to hospital 13 weeks later with 3 week history of painful, swollen right leg which was relieved by walking, exacerbated by rest and worse in the morning. A venogram confirmed a DVT and heparin and warfarin started simultaneously. Why did it prove difficult to anticoagulate this patient?
- What's the reason for the low sodium?
- What biochemical measures could evaluate his level of malnutrition?
- What's the rationale for thiamine?
- You discover patient was previously taking an antiepileptic, PPI/H2 antagonist – comment on restarting it with his current medication

Learning objectives:

- Familiarity with relevant investigations and results
- Importance of following local guidelines for any ID (resistance, compliance)
- Monitoring and toxicity profiles for medications

Student resources:

- BNF or AMH
- http://www.slideshare.net/yapa87/general-manual-for-tuberculosis-controlnational-programmesrilanka

Tutor resources:

- BNF or AMH
- http://203.94.76.60/TBWeb/web/NPTCCDOrg.html
- http://www.slideshare.net/yapa87/general-manual-for-tuberculosis-controlnational-programmesrilanka
- https://extranet.who.int/sree/Reports?op=Replet&name=/WHO_HQ_Reports/G2/PROD/EXT/TBCountryProfile&ISO2=LK&outtype=html