

中文題目：抗結核藥物 Prothionamide 引發急性肝衰竭之個案報告

英文題目：A Case Report of Prothionamide-Induced Life Threatening Acute Liver Failure

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Case presentation

Anti-tuberculosis medication-induced hepatitis is not uncommon, but rarely progresses to life threatening liver failure. Here we reported a case with isoniazid –resistant tuberculosis (TB) infection suffering from acute liver failure after prothionamide (TBN) use for one week. The 39-year-old, 50 kilogram, Indonesia woman was healthy before. Chest x-ray for pre-working health examination on 2018.5.7 showed a cavitation lesion in the left upper lobe. Under suspicion of TB infection, sputum acid fast stain was collected and showed 4+ on 2018.5.17. Anti-tuberculosis medication with Rifater 5# QD + Ethambutol 2# QD was initiated since 2018.5.18. However, blurred vision was noted on 2018.6.6; hence EMB was discontinued. On 2018.6.29, anti-tuberculosis medication was shifted to second line medication with RMP(300) 2#QD+PZA(500) 2.5#QD+ Streptomycin 750mg QD + Moxifloxacin 400 mg QD due to sputum culture revealing isoniazid – resistant TB. Streptomycin was held later due to severe dizziness. Liver function tests on 2018.7.27 showed GOT:21 IU/L and GPT:11 IU/L. After improvement of dizziness, TBN(250) 1# BID was added to the previous regimen since 2018.8.3. Nevertheless, anti-TB medication was hold since 2018.8.8 due to general weakness and vomiting noted after TBN use for 5 days, and followed blood test showed severe hepatitis (GOT:1859 IU/L and GPT:2104 IU/L). Silymarin and ursodeoxycholic acid were prescribed. However, the patient continued to deteriorate with hepatic encephalopathy (blood ammonia: 217 μ g/dL), severe hyperbilirubinemia (peak total serum bilirubin: 24.23 mg/dL) and coagulopathy (INR: 3.44). Abdominal ultrasound showed ascites and gall Bladder shrinkage with wall thicken, considering severe hepatitis related. Abdominal CT showed hepatosplenomegaly with marked periportal edema and gallbladder wall edema, consistent with acute liver parenchyma disease and massive ascites. Autoimmune and associated hepatitis markers were checked, but all showed negative results. After an intensive care, she was discharged after hospitalization for 40 days.

Discussion

Pulmonary TB infection is still a public health problem in Taiwan. Anti-TB medications are an effective treatment strategy; however, these treatments may cause serious side effects. Careful monitoring the adverse effects is important during TB treatment. TBN-induced liver failure was rare but fatal. We should cautiously arrange blood tests and keep an eye on clinical symptoms when prescribing TBN.