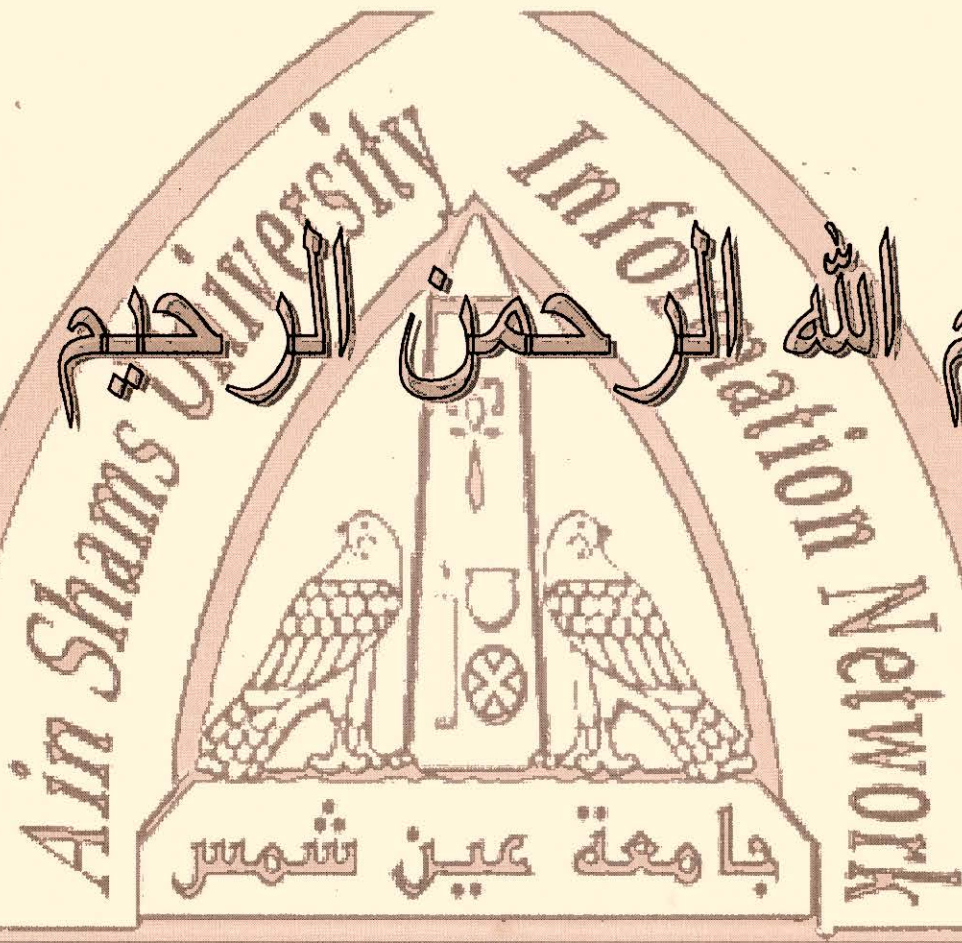




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بالرسالة صفحات لم ترد بالاصل

Tanta University
Faculty of Medicine
Department of Chest
Diseases



Drug Resistance in Tuberculosis with Special Reference to the Present Status in Egypt

An Essay

**Submitted to Faculty of Medicine, Tanta University, in Partial Fulfillment of
the Requirements of Master Degree in Chest Diseases & Tuberculosis**

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رب أوزعني أن أشكر نعمتك التي
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سورة النمل من الآية (١٩)

University. She provided me with an ideal and inspiring research environment and provided me with sympathy, valuable advice, continuous encouragement and help.



abstract

Drug-resistance in Tuberculosis is a phenomenon that is threatening the stabilization of global Tuberculosis (TB) control. It is a worldwide problem, being present virtually in all countries that were surveyed. According to current World Health Organization and the International Union Against Tuberculosis and Lung Disease estimates, the median prevalence of MDR-TB has been 1.1% in newly diagnosed patients. The proportion, however, is considerably higher (median prevalence: 7%) in patients who have previously received anti-TB treatment. While host genetic factors may contribute to the development of drug resistance, incomplete and inadequate treatment is the most important factor leading to its development, suggesting that it is often a man made tragedy. Efficiently run TB control programs based on a policy of directly observed treatment, short course (DOTS), are essential for preventing the emergence of drug resistance in TB. The management is a challenge that should be undertaken by experienced clinicians at centers equipped with reliable laboratory services for mycobacterial cultures and in vitro sensitivity testing as it requires prolonged use of costly second-line drugs with a significant potential for toxicity. The judicious use of drugs; supervised standardized treatment; focused clinical, radiological, and bacteriologic follow-up; and surgery at the appropriate juncture are key factors in the successful management of these patients. With newer effective second line anti-TB drugs, innovative approaches such as DOTS-Plus are showing promise for the management of patients with drug resistant TB under program conditions.

Key words: MDR-TB, PCR, DOTS-Plus, XDR.

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