USE OF TUBERCULOSTATIC IN PREGNANCY WITH FATAL RESULTS: A CASE REPORT

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Background

For a pregnant woman and her child, tuberculosis (TB) untreated involves a higher risk than the treatment itself. While the drugs used in the initial treatment of tuberculosis cross the placenta not appear to have harmful effects on the fetus.

Purpose

To describe the use of TB in a pregnant patient during the first trimester diagnosis of tuberculosis, with tragic consequences. To demonstrate the degree of causality.

Material and methods

Female patient of 33 years old was admitted because of the apparition of a right supraclavicular adenopathy conglomerate with a compatible TB diagnosis, by lymph node biopsy. Oral treatment was started with rifampicin 10 mg/kg/day, isoniazid 5 mg/kg/day and pyrazinamide 20 mg/kg/day. Naranjo´s algorithm was applied in order to determine the grade of causality between the adverse event and the tuberculostatic use.

Results

Controls of Internal Medicine a month after starting treatment with good tolerance, and reduced adenopathic conglomerate.

Positive pregnancy test after 48 days of treatment calculated from her last menstrual period. Pyrazinamide is suspended and decided to continue with Rifampicin and isoniazid until the 13th week of gestation, was admitted to Gynecology objectified by abdominal ultrasound, a severe cephalic malformation, compatible with fetal acrania.

Voluntary termination of pregnancy was performed. The Naranjo Score assigned a probability of 3 points, classified as possible.

Conclusions

Both American Thoracic Society (ATS) as Center for Disease Control and Prevention (CDC) recommend the use of some anti-TB during pregnancy because, untreated tuberculosis represents much greater danger to a pregnant woman and her fetus. Furthermore, studies show that the use of some anti-TB that cross the placenta as Isoniazid and Rifampicin, can result in fetal malformations, especially during the first trimester.

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