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XDR-TB outbreaks absorb important resources and public health/clinical coordination is essential to minimise effects <http://ow.ly/B5Mqh>

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ERS/WHO Tuberculosis Consilium assistance in extensively drug-resistant tuberculosis

To the Editor:

We read with interest the article by Esposito *et al.* [1], whereby they emphasised the role of the European Respiratory Society (ERS)/World Health Organization (WHO) Tuberculosis (TB) Consilium [2–4] in the management of an extensively drug-resistant (XDR)-TB case. The creation of this e-platform brings

together many brains and aims at improving treatment outcome. However, a few points in this regard need to be addressed.

With the introduction of new drugs, the discussion around optimal treatment of multidrug-resistant (MDR)-TB and XDR-TB is re-emerging [5, 6]. Presently, there is a lack of uniformity in the drug regimens used for such cases in different parts of the world. This is probably due to the difference in the burden of MDR/XDR cases in different geographical regions [7], non-availability of drugs and lack of standard diagnostic facilities. Expert opinion from the TB Consilium may guide a clinician and provide more treatment options, but they may not be appropriate in that particular scenario.

Being a global forum, the ERS/WHO TB Consilium should evaluate and address all diagnostic- and treatment-related issues, including the previous treatment the patient has received. In the case discussed by ESPOSITO *et al.* [1], the patient was initially detected to have MDR-TB on the basis of Xpert MTB/RIF [8]. However, he was started on only four anti-TB drugs, which seems to be an inadequate regimen. Guidelines on the management of MDR-TB suggest that the treatment regimen should include at least four new drugs, including an aminoglycoside and a fluoroquinolone, with a total of five to six drugs [9]. Although the patient was unfortunately found to harbour XDR *Mycobacterium tuberculosis*, the message of a uniform approach to patients with MDR-TB needs to be conveyed. Presuming infection in the index case's brother and sister with the same mycobacterial strain, the drug regimen used seems insufficient and could have increased drug resistance further.

Usually, XDR-TB is accompanied by a number of management problems and requires continuous and aggressive supervision. It would be useful if the ERS/WHO TB Consilium followed up these notified cases and advised on the management, if required. Moreover, with high mortality rates seen in MDR-/XDR-TB, it is also important to keep the decisions of an e-Consilium out of the medico-legal arena. Nevertheless, for the successful use of this e-platform it is of utmost importance to have standard accredited laboratories for mycobacterial culture and drug susceptibility testing, which are still lacking in many high-TB burden countries.

With the threat of drug-resistant TB hovering around worldwide and with limited data on XDR-TB, cross-border opinion and fruitful discussion through the ERS/WHO TB Consilium can indeed be useful for the treating physician and may improve patient outcome.



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ERS/WHO TB Consilium is a timely step aimed to improve management of highly fatal drug-resistant TB <http://ow.ly/Cc7gw>

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