

Kementerian Kesihatan Malaysia

Clinical Research Centre Bintulu Hospital

Research that matters to patients

Severe Multi-Drug Hypersensitivity and Hepatotoxicity

During Antituberculosis Therapy: A Management Challenge

Wen Jie Lau¹, Ashabul Rahfi Bin Ideris¹, Be Jinn Lai¹, Shu Zhen Tan², Pik Yuen Chia³, Ahnaf Rushdi Bin Rosli¹, Nur Dalila Binti Noor Azman Shah¹

¹Department of Medicine, Bintulu Hospital, Sarawak, Malaysia ²Clinical Research Centre, Bintulu Hospital, Sarawak, Malaysia

²Histopathology Unit, Department of Pathology, Sarawak General Hospital, Sarawak, Malaysia

*Corresponding author: j.wenjie93@hotmail.com

HOSPITAL BINTULU

FAS-NGKOK CAS-NG1

INTRODUCTION

- Pulmonary tuberculosis (PTB) is endemic in Malaysia¹.
- Standard first line anti-tuberculosis therapy (ATT) includes rifampicin, isoniazid, ethambutol and pyrazinamide.
- ATT may rarely trigger severe cutaneous adverse drug reactions (SCARs), such as exfoliative dermatitis (ED), typically attributed to a single agent^{2,3}.

Management Challenge Exfoliative dermatitisRifampicin, Isoniazid,Ethambutol, Ofloxacin

Drug-induced liver injury

Pyrazinamide

When Lifesaving Becomes Life-threatening: A Case-based Insight

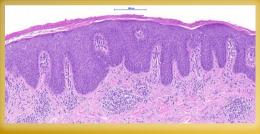
October 2024

• 67M, COPD GOLD E, diagnosed with smear-negative culturepositive, pan-sensitive PTB. Started on 1st line ATT.



February 2025

- Generalised erythematous, dry and scaly pruritic rash.
- ATT withheld.
- Labs: eosinophilia with no liver or kidney impairment.
- Skin biopsy -> ED.



Histopathology: Overlying parakeratosis, irregular acanthosis with intraepidermal lymphocytic exocytosis. No bandlike infiltrate at dermoepidermal junction.

















July -September 2025

- Exfoliative lesions resolved.
- 2nd line ATT
 (clofazimine, linezolid, cycloserine).
- Liver function test normalised.
- Serial TB cultures remained negative.



CXR: no active pulmonary lesions

March - June 2025

• Stepwise reintroduction of ATT.



12th April 24th April 13th May 19th May 26th May 23rd June 5th March 24th March 2nd June 17th June Ethambutol, Rifampicin Isoniazid Pyrazinamide Ethambutol Clofazimine Pyrazinamide Linezolid | Cycloserine Ofloxacin Isoniazid, Ofloxacin Drug-induced liver injury Hypersensitivity reaction Tolerated rechallenge

DISCUSSION

- Immediate withdrawal of suspected drugs & initiation of corticosteroids.
- Stepwise rechallenge with close monitoring.
- **Transition to individualized 2nd line regimen** to balance TB control vs adverse reactions.

CONCLUSION

- Early recognition of ATT-induced SCARs and hepatotoxicity is critical.
- ✓ Multidisciplinary, cautious stepwise management ensures successful outcomes.
- Local protocols for ATT-related SCARs are urgently needed.

REFERENCES

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