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**Levofloxacin induced tenosynovitis in Rifampicin resistant tuberculosis patient****Nur Rahmi Ananda**

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**Background:** Fluoroquinolone, one of the main drug to treat Multidrug Resistant Tuberculosis (MDR TB) has been known were associated with tendinopathy and tendon rupture. Without early recognition, it may cause significant morbidity. In the other hand, stopping and selecting drugs for MDR TB treatment are still remain a challenge.

**Case:** A 47-year-old man was diagnosed with Rifampicin resistant tuberculosis in March 2018. He also had hypertension, retinopathy and ear outer hairy cell damage. He was started treatment with Amikacin 1000 mg, Levofloxacin 1000 mg, Isoniazid 1500 mg, Pirazinamide 1625 mg, Cycloserin 1000 mg and Etionamide 1000 mg. Two months after, he felt a left shoulder and arm pain and tinnitus. Diclofenac were given to relieve his symptoms. In two weeks-evaluation, the tinnitus was worsen accompanied with dizziness. He also cannot move his left arm. Musculoskeletal ultrasonography confirmed a tenosynovitis in the left head of biceps brachii. Amikacin and levofloxacin were stopped. The condition improved two days after stopping the drugs. Bedaquiline were given to replace Amikacin and Levofloxacin.

**Conclusion:** Due to the serious muscle damage and reduce the quality of life, clinicians should monitor the symptoms of tendinopathy in MDR TB patients receiving Fluoroquinolone. Individual therapy approaches are still important in MDR TB management.

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