

# Drug-induced hepatotoxicity of antituberculosis drugs

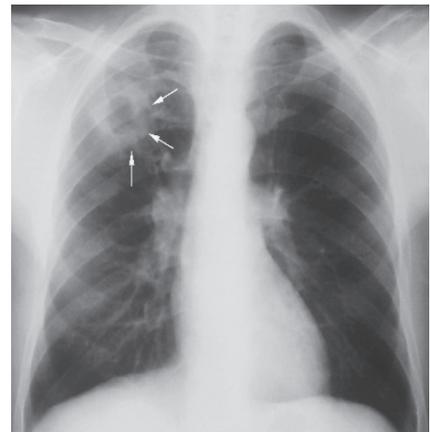
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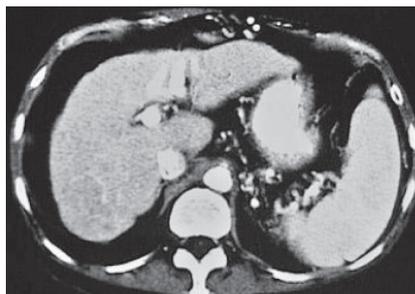
**Key words:**

- Drugs
- Tuberculosis
- Hepatotoxicity

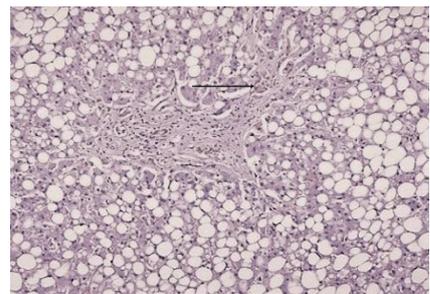
A 35 years-old male smoker was admitted for anorexia, nausea, vomiting, sweating and fatigue for over three days. The patient was on antituberculosis treatment, since 2 months, with isoniazid, rifampicin, pyrazinamid and ethambutol for cavitory pulmonary tuberculosis (right upper lobe cavitory lesion) (Figure 1). The blood test showed serum alanine aminotransferase and aspartate aminotransferase levels three times the upper limit of normal and also a lower hemoglobin level of 10.9 grams/dL. Computed tomography with contrast showed liver and spleen enlargement (Figure 2). The patient undergone liver biopsy that revealed large lipid vacuoles within hepatocytes (steatosis) (Figure 3). After ten days of treatment withdrawal, isoniazid was reintroduced, increasing sequentially, adding further rifampicin, pyrazinamide, and ethambutol without liver toxicity. The patient is under regular follow up.



**FIGURE 1.** Chest radiography.



**FIGURE 2.** Computed tomography of the abdomen.



**FIGURE 3.** Histological sample.

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