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Title: Immuno-allergic reactions to antituberculosis treatment

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Body: Introduction: Pulmonary Tuberculosis (PTB) is a major public health problem in Tunisia. Immunoallergic reactions (IAR) to antiTB treatment are rare. It is a real problem of management and may involve life-threatening. Materials and methods: It is a retrospective study. Among 315 non HIV confirmed PTB patients (P) hospitalized in our department between 2001 and 2012, 19 P (6%) developed IAR to anti-TB treatment. Results: It is 19 male P with an average age of 42 years (between 18 and 71 years). Five of them had in their history PTB correctly treated. Smoking was observed in 19 P. 17 P had sequential TB treatment. IAR reported in order of frequency are: cutaneous pruritus and or urticaria (9 cases), hematological (6 cases), renal failure (4 cases). The occurrence of these reactions was observed on average 17 day of the introduction of antiTB treatment. Rifadine was incriminated in renal failure (3 cases), thrombocytopenia (2 cases), anemia (4 cases), leukoneutropenia (2 cases) and skin rash (1 case). Piazoline has been implicated in skin reactions (3 cases). Five P stopped treatment because of adverse events and 1 death related to immune-allergic renal failure was noted. Five patients received symptomatic treatment without stopping TB drugs with a good clinical outcome. The average duration of treatment was 8 months. A delay of smear negativity was noted in 8 P and a relapse in 3. Resistance was confirmed by an antibiogram in 3P. Conclusion: The occurrence of severe IAR is unpredictable. This is a real problem when this therapeutic side effect is caused by a major TB treatment. Careful monitoring of patients is necessary and reporting any side effects in the service of pharmacovigilance is needed in all cases.