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| **Outcomes for patients with Multidrug-resistant Tuberculosis in Sydney Chest clinic** |
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| **Introduction/Aim:**  Multidrug resistant Tuberculosis (MDR-TB) is defined as the presence of isoniazid and rifampicin resistance. Since 2019, World Health Organisation (WHO) recommended the use of bedaquiline to be in MDR-TB regimens. Previously, MDR-TB was treated with intravenous therapies that were not well tolerated and resulted in side effects and interruption to therapy. Our aim is to evaluate the programmatic outcomes of patients receiving bedaquiline containing individualised antibiotic therapy for MDR-TB in the city of Sydney, Australia  **Methods:**  We conducted a retrospective review of the patient database at a Metropolitan Sydney chest clinic for the period of January 2017 to October 2023.  **Results:**  4 patients with MDR-TB were identified at a Metropolitan Sydney Chest clinic. All patients were born overseas and 3 patients were previously treated for fully sensitive pulmonary tuberculosis. 3 patients were diagnosed with pulmonary MDR-TB with abnormal radiological investigation and positive sputum cultures. One patient was diagnosed with MDR-TB osteomyelitis of the foot. MDR-TB was treated with a combination of bedaquiline, linezolid, moxifloxacin, clofazimine, pyrazinamide, cycloserine, amikacin and ethionamide. All patients completed an extended duration of minimum 18 months. Most patients tolerated the treatment well with minimal side effects. One patient experienced amikacin related ototoxicity that resolved upon completion of treatment and linezolid related neurotoxicity. No patients had interruptions to their treatment and they were monitored with regular ECG.  **Conclusion:**  This study demonstrated bedaquiline containing individualised treatment for patients with MDR-TB in Australia was associated with high rates of treatment success within the public treatment programme.      **Grant Support:** |