

1694. Risk factors and outcomes of isoniazid hepatotoxicity in children with latent tuberculosis

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Background. To determine the overall incidence of hepatotoxicity in children and risk factors such as age, gender, and their outcomes.

Methods. Patients who were admitted to the Pediatric Infectious Disease Clinic during the period from December 2009 through August 2013 with the diagnosis of latent TB infection were included in this study. Isoniazid hepatotoxicity was classified according to the of WHO Toxicity Classification Standards.

Results. Among 1038 patients, Overall hepatotoxicity was observed in 23 patients (2,2 %), while 5 patients (0,48 %) had moderate-severe hepatotoxicity; while other 18 patients had grade I-II hepatotoxicity (1,73%). Age and gender were found to be not risk factors for hepatotoxicity. The median time for therapy rechallenge in patients with grade III-IV hepatotoxicity was 21 days (ranging from 14 to 25 days) and 7 days (ranging from 5 to 21 days) in grade I-II hepatotoxicity and significantly longer 18 in grade III-IV hepatotoxicity (p= 0,02) recovery of hepatotoxicity and restarting of INH therapy and at least 14 days were required for complete recovery of INH hepatotoxicity in children with severe hepatotoxicity.

Conclusion. In conclusion, in children, INH hepatotoxicity is lower and generally reversible after cessation of INH. The grade of hepatotoxicity affects the duration for

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