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**Mycobacterial infection and the impact of rifabutin treatment in organ transplant recipients: a single-centre study**

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**Objectives:** In this investigation, organ transplant recipients with tuberculosis infection and the impact of rifabutin treatment were retrospectively reviewed with respect to the trend of infection, management, and outcome.

**Methods:** The medical records of 26 adult patients who received an organ transplant between 2004 and 2012 were reviewed retrospectively. We retrieved data regarding clinical features as well as treatment and outcomes.

**Results:** 26 patients with tuberculosis of different organs were diagnosed.

The time interval between transplantation and TB was 36 months (range 5 to 240 months). The most common form of infection was pulmonary/pleural tuberculosis. All patients responded satisfactorily to the treatment and maintained excellent allograft function. Moreover, we did not have any mortality among our recipients. Drug induced hepatitis was observed in nine (35%) patients. Also, all of our subjects received rifabutin instead of rifampin due to it being a less potent inducer of cytochrome P-450.

**Conclusion:** Tuberculosis is a frequent cause of infection among organ transplant recipients in developing countries and the incidence of infection after the first year of transplantation is considerably high. Rifabutin is an excellent alternative medication to rifampin in the setting of TB management. Hepatotoxicity is a potential risk for treatment, potentially due to the potential additive toxicity of immunosuppressive drugs.