TUBERCULOSIS TREATMENT WITH STREPTOMYCIN: AUDITORY AND VESTIBULAR PROFILE

Tuberculosis is an endemic disease whose incidence has risen in recent years. The treatment involves the use of toxic medications however due to the problem of multi-resistance there has been a tendency to use medications of ever-increasing toxicity. The toxicity may cause metabolic disturbances resulting in disabilities involving certain body systems, particularly the auditory system. Streptomycin is a drug used in tuberculosis treatment particularly in treatment failure regimes and is described in the literature as being toxic to the vestibular and auditory systems. This study aims to describe the auditory and vestibular profile of subjects in treatment of tuberculosis with Streptomycin, in Recife, from 2000 to 2001. Subjects that had been treated for tuberculosis with Streptomycin during this period were identified using the Disease Notification databank. The sample consisted of 36 subjects treated with Streptomycin for at least 15 days. Audiometry and otoacoustic emission testing were performed along with interviews and clinical examination using an otoscope. The predominant characteristics were as follows: Male sex (79.4%), pulmonary form of the disease (94.4%) and mean age 38.8 years. Only one patient used the combination of drugs that includes Streptomycin as laid out by the National Tuberculosis Control Program guidelines. The remaining patients were treated using twelve different combinations of Streptomycin with other medications. Of the 36 patients, 75.1% presented some form of auditory alteration, where the most frequent was sensorineural (63.9%), bilateral (62.9%), predominantly affecting higher frequencies (greater than 4,000 Hz), with 61.1% of patients affected by vestibular symptoms. There is no significant association between auditory defects and vestibular alterations when compared to the variables sex, age, number of medications associated to Streptomycin, duration of use of Streptomycin, previous use, associated diseases, family history of tuberculosis, previous history of auditory alterations or noise exposure. The results of this study suggest that an auditory monitoring system may be needed to improve the care of this population.

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