

# Case Study

- J.M. is a 34 yo African –American male diagnosed with HIV several years ago.
- He is poorly adherent to clinic appointments and to his regimen of Darunavir/rit and Truvada (Tenofovir and Emtricitabine).
- He has not been screened for TB (e.g. skin test, Quantiferon gold).

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- J.M. shows up for a clinic appointment with significant weight loss and lymphadenopathy.
- Patient is sent to the hospital.
- Aspiration of a lymph node reveals infection by *Mycobacterium tuberculosis*.

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With the new diagnosis and the patient's current HIV regimen (which he may or may not be taking), are there any concerns about treating the TB?

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- The patient is placed on a regimen of isoniazid, rifabutin, ethambutol and pyrizinamide.
- Is this regimen compatible with J.M.'s current HIV meds?

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- J.M.'s HIV regimen is changed as his poor adherence lead to clinical deterioration and possible resistance (consider that patients failing boosted PI's often don't have resistance, not sure if a resistance test was done).
- J.M. also has elevated creatinine.
- HIV regimen changed to raltegravir, etravirine and lamivudine. (B\*5701 genotype not available so abacavir wasn't used).
- Is this new HIV regimen "safe" with the TB regimen?