

TUBERKULOSIS PARU DENGAN DIABETES MELITUS

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Abstrak

Diabetes melitus (DM) meningkatkan kerentanan terhadap infeksi tuberkulosis paru (TB) melalui berbagai mekanisme. Infeksi TB diduga menyebabkan DM pada penderita yang sebelumnya tidak memiliki riwayat DM dengan menginduksi terjadinya hiperglikemia. Diabetes melitus menurunkan imunitas penderita TB dan pemanjangan waktu konversi sputum, sehingga memungkinkan terjadinya relaps. Pedoman penatalaksanaan TB dengan DM belum baku dan berbeda-beda tiap negara. Tatalaksana TB dengan DM harus difokuskan pada diagnosis awal, pengendalian kadar gula darah serta monitoring ketat klinis dan hasil pengobatan. Interaksi farmakologis antara obat anti tuberkulosis (OAT) dan obat hipoglikemik oral (OHO) memerlukan kecermatan klinisi pada tatalaksana penderita TB dengan DM. Toksisitas obat anti TB menimbulkan gejala *overlap* dengan komplikasi DM. Skrining TB pada penderita DM dan sebaliknya diperlukan untuk menurunkan beban tinggi akibat kedua penyakit tersebut

LUNG TUBERCULOSIS WITH DIABETES MELITUS

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Abstract

Diabetes mellitus (DM) increases susceptibility to lung tuberculosis (TB) infection through various mechanisms. TB infection was thought to cause diabetes in patients who have no prior history of diabetes by inducing hyperglycemia. Diabetes mellitus lowered immunity and elongation TB sputum conversion time, allowing the occurrence of relapse. TB management guidelines with DM have not been standardized and was different in each country. Management of TB with DM should be focused on early diagnosis, controlling blood sugar levels as well as strict monitoring of clinical and treatment outcomes. Pharmacological interaction between antituberculous drug (OAT) and oral hypoglycemic drug (OHO) require clinicians accuracy in the management of TB patients with DM. The toxicity of anti-TB drugs cause symptoms overlap with DM complications. TB screening in patients with DM and vice versa was needed to reduce the high burden of both diseases.