

## **Is INH Alone Enough for Prophylaxis**

The list of indications for the use of INH as a single drug prophylaxis for preventing tuberculous infection from occurring (or to prevent tuberculous infection converting to tuberculous disease) is rather long and listed in all textbooks of pediatrics. It has also been said that INH is the only time tested drug for prophylaxis. However, should we be giving only INH to any of our patients at all?

Two important considerations make use of just one drug for prophylaxis an erroneous approach: (i) The incidence of INH resistance varies from 10-90%. There are few studies from India which provide data in this context, but the country's bacillus is unlikely to behave differently. So INH just will not work in case of exposure to INH resistant bacilli(1,2). (ii) Furthermore, as all

pediatricians have seen time and again, diagnosing tuberculous infection in a child exposed to tuberculosis can be a tricky affair. The Mantoux test can be negative in upto 10-30% of proved pulmonary tuberculosis and the primary complex may not be visible on the roentgenogram while it may be visible on the CT scan. Two drugs are usually needed to treat the primary complex(1,2). Thus we would recommend that all patients who need prophylaxis must be given two drugs INH plus rifampicin, or even INH + thiacetazone as a cheap alternative©.

**Mukesh U. Sanklecha,**  
**Kalyani Raghavan,**  
**Meenakshi N. Mehta,**  
*Department of Pediatrics,*  
*L.T.M. Medical College and*  
*Sion Hospital,*  
*Sion, Bombay.*

### **REFERENCES**

1. Black W. Ganter B, Grysowski S, *et al.* Prevalence of initial bacillary resistance to antituberculous drugs. *Am Rev Resp Dis* 1986,131: A225-A226.
2. Lall SB. Pharmacotherapy of antituberculous drugs. *In: Tuberculosis in Children*, 1st edn. Ed. Seth V. New Delhi. *Indian Pediatrics*, 1986, pp 211-212.