

STEROID DRUG TREATMENT PRODUCES TB

Just over a year ago an unusual episode in a midwest nursery school suddenly placed 20 children on the sick list. A tuberculosis epidemic had broken out. In addition to the 20 with active disease, many others had acquired TB infection but were not actually ill.

The incident is worth recalling for a couple of strange reasons. For one thing, such epidemics have become comparatively rare; evidently they still happen. Another thing: it all began with a case of arthritis.

The arthritis sufferer, a member of the school's adult staff, was being treated with steroid drugs. Some years before she had had tuberculosis, but it had long since retreated to an inactive stage. Now it was found active again.

Coincidence? Not a bit. It has been known for some time that steroid drugs such as cortisone, often prescribed for arthritis, can cause TB to change from an inactive to an active phase. It can also activate TB in a person who has tuberculosis infection but has never had the active disease.

The American Thoracic Society, medical section of the National Tuberculosis and Respiratory Disease Association, wrapped up the situation in a comment published in its

magazine, *Clinical Notes on Respiratory Diseases*:

"It needs to be emphasized again and again that no patient should be treated with adrenal corticosteroids without a careful investigation for the presence of tuberculosis."

The ATS also recommends the anti-TB drug isoniazid for any patient with a history of TB while he is receiving steroid treatment and for six weeks

after.

The patient, needless to say, shares the responsibility. Any person who has ever had TB infection or active disease should make sure his doctor knows about it—particularly if present treatment involves a steroid drug.

For further information contact your Alaska Tuberculosis Association, 406 G. Street Anchorage, Alaska 99501.