



# Standard Treatment Workflow (STW) for the Management of GENITOURINARY TUBERCULOSIS ICD-A18.10



### PRESENTING SYMPTOMS

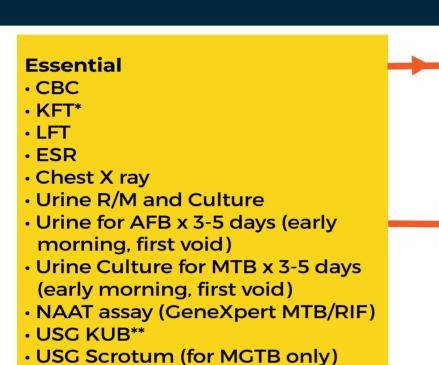
### **Urinary Tuberculosis**

- LUTS (frequency, urgency and nocturia) with dysuria and/or haematuria for at least 2 weeks
- Not responding to a 3-7 day course of antibiotics

# Male Genital Tuberculosis (MGTB)

- Scrotal pain or swelling for 2 weeks or more
- Not responding to a 7-14 day course of antibiotics, or
- Discharging sinuses in the scrotum
- Rarely infertility

### **INVESTIGATION**



\*Deranged renal function
\*\*HDN/HDUN

Refer to higher centre/Urologist

#### **Specific Investigations**

- · If normal renal function
  - → IVP/CT urography
- · If deranged Renal Function
  - MR Urogram
  - > Retrograde Pyelography
  - > Nephrostogram

## Optional (If other tests are inconclusive with high suspicion of GUTB)

- FNAC/ Biopsy- from accessible mass lesions or fluid collections
- Cystoscopic biopsy of Genitourinary tract

### **TREATMENT**

TYPE OF TB	TYPE OF REGIMEN	DRUGS	EXTENSION CRITERIA
DRUG SUSCEPTIBLE TB	DS-TB REGIMEN	2 MONTHS H,R,E,Z 4 MONTHS H,R,E	Extension packets of infection, concurrent smear positive cavitary pulmonary disease, CNS involvement, Delay in positive cultures converting to negative Duration can be increased up to 9 to 12 months
MDR/RR OR XDR-TB	TREATMENT AS PER NTEP GUIDELINES		

### **FOLLOW UP**

At 8 weeks: Resolution of systemic symptoms, improved urinary symptoms, repeat culture if baseline culture positive

After completion of ATT: Repeat culture if baseline culture positive

Repeat imaging: If partial or impending ureteric stricture

### Watch for the following complications at each Follow-up visit:

- Severe LUTS suggestive of small capacity bladder
- Deteriorating renal function

### ABBREVIATIONS

ATT: Anti-tubercular treatment ESR: Erythrocyte Sedimentation Rate MDR: Multi Drug Resistant RR: Rifampicin Resistant

CT: Computed Tomography
H: Isoniazid
MTB: Mycobaterium Tuberculosis
USG KUB: Ultrasonography Kidney, Ureter and Bladder
URINE AFB: Urine for Acid-fast Bacillus

CXR: Chest X- Ray

HDUN: Hydroureteronephrosis

NAAT: Nucleic Acid Amplification Test

XDR: Extensively Drug Resistant

DJS: Double J Stent

IVP: Intravenous Pyelogram

NTEP: National Tuberculosis Elimination Programme

Z: Pyrazinamide

**DS-TB**: Drug Susceptible Tuberculosis **LFT**: Liver Function Test **RFT**: Renal Function Test

E: Ethambutol LUTS: Lower Urinary Tract Symptoms R: Rifampicin

### References

- 1. National TB Elimination Programme, Central TB Division. Training modules for Programme Managers & Medical Officers. Ministry of Health & Family Welfare, Government of India https://tbcindia.gov.in/index1.php?lang=1&level=1&sublinkid=5465&lid=3540 Last access on 11 March, 2022.
- 2. Guidelines for programmatic management of drug resistant tuberculosis in India March 2021. National TB Elimination Programme, Central TB Division, Ministry of Health & Family Welfare, Government of India. https://tbcindia.gov.in/showfile.php?lid=3590 Last access on 11 March, 2022.
- 3. Partin, A. W. et al. Edited (2020). Campbell Walsh Wein Urology (12th ed.). Elsevier.

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (**stw.icmr.org.in**) for more information.

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