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Authors' response

Sir,

We appreciate Karabay & Gozdas for their interest in our publication[1] and their concern regarding the use of pyrazinamide during pregnancy. This issue has been debated since long despite no evidence on its teratogenicity in humans. By and large its use has been the part of standard regimens in many countries. As of now, the leading international organizations like International Union Against Tuberculosis and Lung Disease (IUATLD), World Health Organization (WHO), British Thoracic Society (BTS), American Thoracic Society (ATS) and Revised National Tuberculosis Control Programme of India (RNTCP) support its use in standard first line regimens for tuberculosis in pregnant women[2,3].

Our use in this case was in accordance with the Indian National Guidelines for Tuberculosis in Pregnancy and it is a component of DOTS (Directly Observed Treatment-Short Course) used under RNTCP. In our case, the initial intrauterine growth retardation in foetus by obstetrical ultrasound at presentation could be explained by the disseminated disease process of miliary tuberculosis itself. The use of pyrazinamide in our patient, in combination with other standard first line anti-tubercular drugs did not cause any teratogenic effect in the child as our patient delivered a healthy child at term.

As per WHO, IUATLD and Indian National Guidelines, use of pyrazinamide is safe during

pregnancy for treating tuberculosis. We do not have enough evidence to omit this important drug from standardized anti-tubercular regimens for the patients with tuberculosis during pregnancy.

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