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Tuberculosis: From Pathogenesis to Targeted Therapies

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Message from the Guest Editor

Most bacterial infections can quickly be cured by antibiotic monotherapy. In contrast, drug-sensitive tuberculosis (TB) must be treated with a combination of four antibiotics over 6 months. This lengthy, multidrug regimen often confounds compliance, leading to treatment failure, recurrence of TB, and the emergence of antibiotic-resistant mycobacteria. The goal of current TB research is, therefore, not only the development of new antibiotics and identification of novel antibiotic targets but also to find therapies that shorten treatment time. One reason for the need for such a long-term therapy is the development of centrally necrotizing granulomas in TB patients. New drugs and regimens for the therapy of TB must consider the pathogenesis of this complex disease, ensuring that compounds can reach their target and act more effectively within the habitat of centrally necrotizing granulomas.

This Special Issue aims to cover new research on the pathogenesis of TB in terms of therapy and novel compounds, as well as present host-directed strategies that mediate better and faster antibiotic treatment through modulation of the pathology.

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