



Drug Resistant Tuberculosis

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Message from the Guest Editors

Multidrug-resistant tuberculosis (MDR-TB) is a threat to tuberculosis (TB) control. The disease is more aggressive, the lung damage is worse, the duration of therapy is much longer, and the adherence to treatment is low. Nowadays, advances in diagnosis techniques allows for faster detection of *Mycobacterium tuberculosis* and rifampicin resistance through genotyping tests. The traditional regimen to treat MDR-TB is a 18–24 months long regimen, and the expected cure rates are low (WHO = **59%**). One of the greatest challenges to TB treatment outcome, especially in resistant TB cases, is loss to follow-up—due to the risk of acquiring or accumulating resistances and due to transmission cycle maintenance. Therefore, this Special Issue, “Drug-Resistant Tuberculosis”, invites submissions of studies addressing resistant TB treatment outcomes, as well as factors related to unfavorable outcomes that could potentially include clinical characteristics, diagnosis, pharmacokinetics of drugs, and outcomes, especially loss to follow-up, to guide new potential approaches and for a better understanding of the challenges managing resistant TB cases.

