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#### ORIGINAL ARTICLE

#### Prednisolone and Mycobacterium indicus pranii in Tuberculous Pericarditis

B.M. Mayosi, M. Ntsekhe, J. Bosch, S. Pandie, H. Jung, F. Gumedze, J. Pogue,
L. Thabane, M. Smieja, V. Francis, L. Joldersma, K.M. Thomas, B. Thomas,
A.A. Awotedu, N.P. Magula, D.P. Naidoo, A. Damasceno, A.C. Banda,
B. Brown, P. Manga, B. Kirenga, C. Mondo, P. Mntla, J.M. Tsitsi, F. Peters,
M.R. Essop, J.B.W. Russell, J. Hakim, J. Matenga, A.F. Barasa, M.U. Sani,
T. Olunuga, O. Ogah, V. Ansa, A. Aje, S. Danbauchi, D. Ojji, and S. Yusuf,
for the IMPI Trial Investigators\*

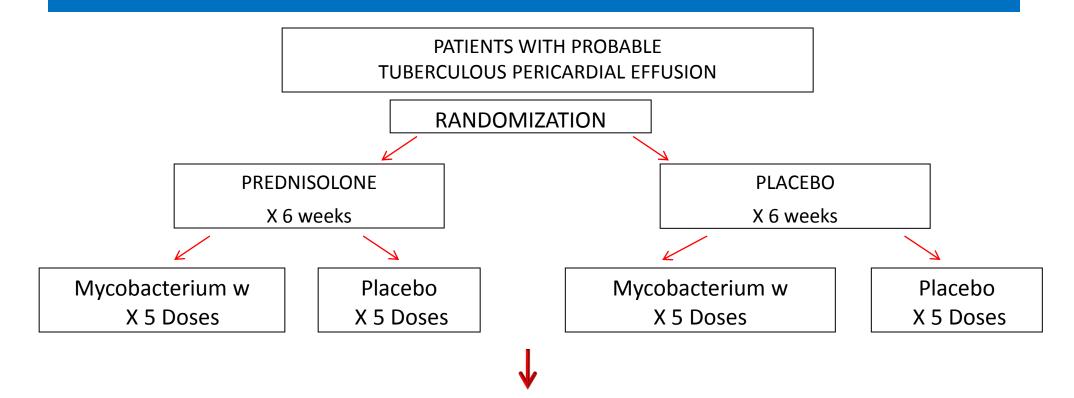
### **Duality of interests**

B.M. Mayosi has received research grants from AstraZeneca, Cadila Pharma, Novartis, Pfizer, Roche, and Servier

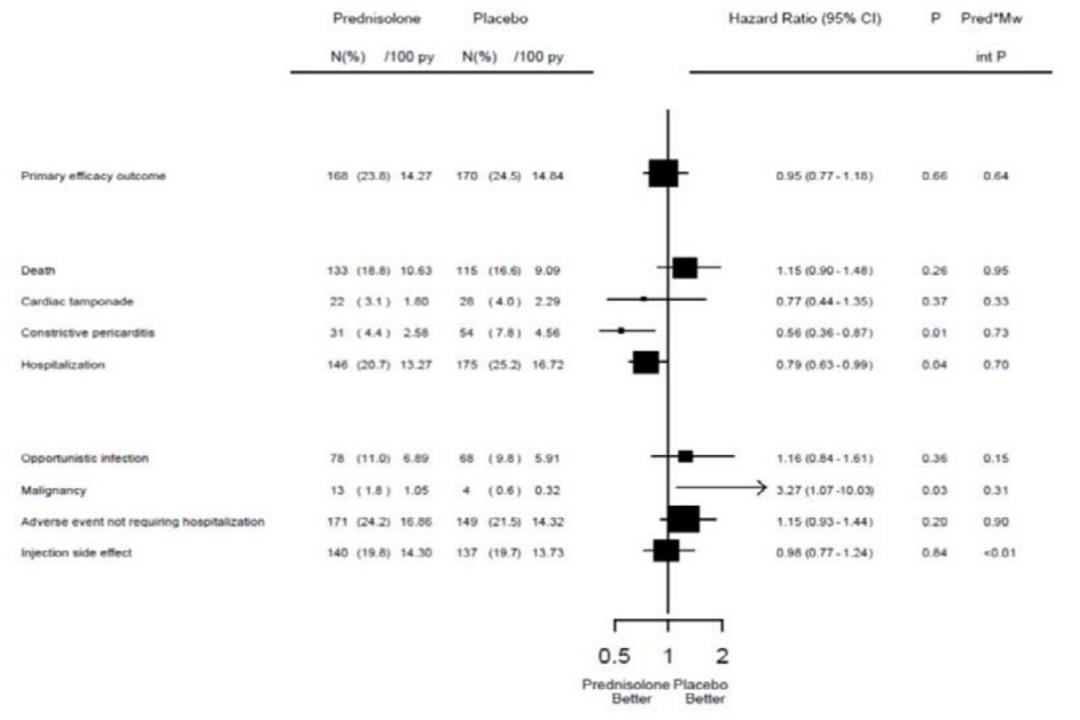
## **IMPI: Primary Objective**

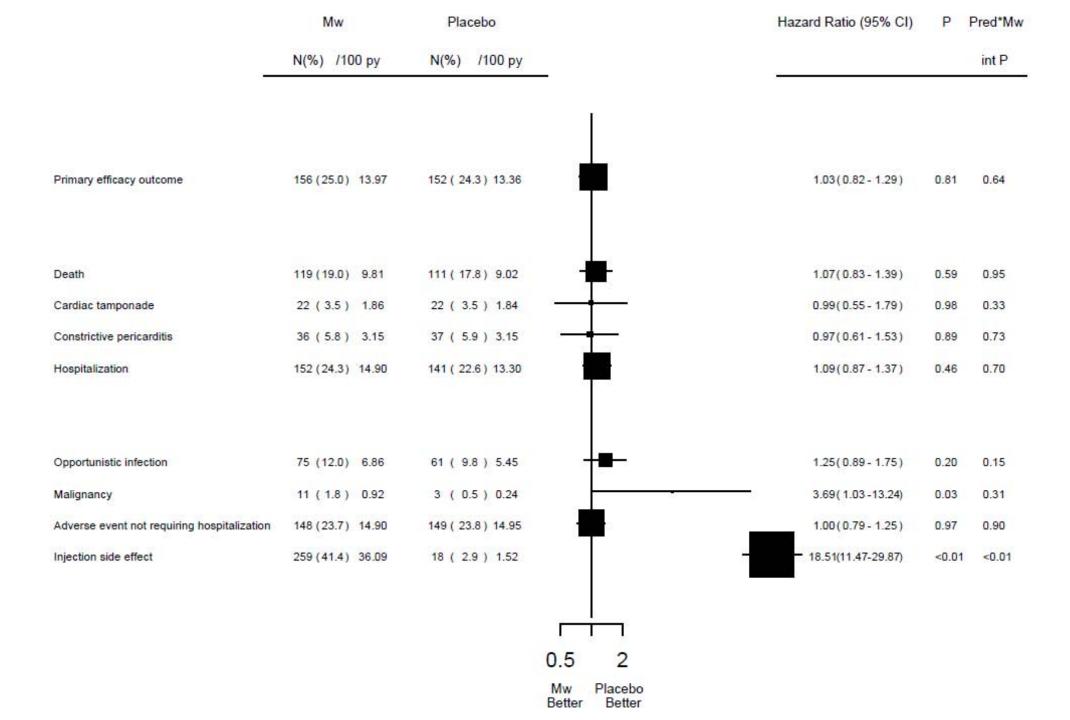
The primary objective of the Investigation of the Management of Pericarditis (IMPI) Trial was to assess the safety and effectiveness of oral prednisolone and *Mycobacterium indicus pranii* immunotherapy in reducing the composite outcome of death, cardiac tamponade requiring pericardiocentesis, or constrictive pericarditis in patients with definite or probable tuberculous pericardial effusion.

#### **IMPI Trial: Study Flow Chart**



Complete hospital discharge form and arrange visits at weeks 2, 4 and 6, and months 3, 6 and thereafter 6 monthly visits for up to 4 years to assess mortality, recurrent tamponade, constriction





# **IMPI: Conclusions**

In adults ( $\geq$  18 years) with tuberculous pericardial effusion:

- 1. Adjunctive therapy with prednisolone for 6 weeks and *Mycobacterium indicus pranii* for three months did not have a significant effect on the combined outcome of death from all causes, cardiac tamponade requiring pericardiocentesis or constrictive pericarditis.
- 2. Both therapies were associated with an increased risk of HIVassociated malignancies.
- 3. However, use of adjunctive steroids reduced the incidence of pericardial constriction and hospitalization.
- 4. The beneficial effects of prednisolone on constriction and hospitalization were similar in HIV-positive and HIV-negative patients.