

Tuberculosis (TB) is an infectious disease caused by the bacterium *Mycobacterium tuberculosis*. Given the severity and complexity of XDR-TB, early detection and accurate diagnosis are essential for prompt initiation of appropriate treatment. Superbugs, also known as multidrug-resistant organisms (MDROs), are bacteria, viruses, parasites, or fungi that have developed resistance to multiple antimicrobial drugs, making them difficult, and in some cases, impossible to treat with standard antibiotics and antiviral medications. Extensively drug-resistant tuberculosis (XDR-TB) is a form of tuberculosis that is resistant to the most effective first-line antibiotics, such as isoniazid and rifampicin, as well as to the most effective second-line drugs, including fluoroquinolones and at least one of the injectable drugs (amikacin, kanamycin, or capreomycin). These tests help identify the specific bacteria causing the infection and determine which antibiotics are effective against it. Additionally, imaging studies such as chest X-rays or CT scans may be used to assess the extent of lung involvement. This resistance can result from the overuse or misuse of antibiotics, inadequate infection control measures, and the ability of microbes to adapt and evolve. The signs and symptoms of XDR-TB are like those of regular tuberculosis, including a persistent cough, coughing up blood or sputum, chest pain, fatigue, weight loss, loss of appetite, fever, night sweats, and difficulty breathing. Individuals experiencing symptoms suggestive of TB, especially in high-risk areas or following exposure to known cases, should seek medical attention promptly to receive timely evaluation and care. Extensively drug-resistant tuberculosis (XDR-TB) is a serious and challenging form of tuberculosis that is resistant to multiple antibiotics, making it difficult to treat. Laboratory tests such as sputum culture and drug susceptibility testing are crucial in confirming the diagnosis of XDR-TB. The development of XDR-TB is often a result of inadequate or incomplete treatment of multidrug-resistant TB (MDR-TB), which itself is resistant to the two most powerful first-line anti-TB drugs. However, XDR-TB is particularly concerning due to its resistance to multiple drugs, which can lead to more severe and prolonged illness. When MDR-TB is not properly treated, it can progress to XDR-TB, posing a significant challenge to public health efforts. Due to the limited treatment options available for XDR-TB, managing this form of tuberculosis is particularly challenging. Additionally, the mortality rate for XDR-TB is higher compared to drug-susceptible or MDR-TB, making it a serious public health concern. Diagnosing XDR-TB involves a combination of medical history, physical examination, and laboratory tests. A healthcare provider will inquire about symptoms and potential exposure to tuberculosis. TB is spread through the air when an infected person coughs, sneezes or speaks. It is a major global health problem, with an estimated 10 million people falling ill with TB each year. This high level of resistance makes XDR-TB extremely difficult to treat and control. Treatment often requires the use of less effective and more toxic drugs, leading to longer and more complicated treatment regimens. It primarily affects the lungs but can also affect other parts of the body.