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therapy inhibited *M. tuberculosis* growth and the combination therapy was more effective than INH or PZA monotherapy. The mycobacterial growth was dependent on respiratory pathway and the utilization of lipid and P/M/G was inhibited. The TCA cycle was blocked by combination therapy, and amino acid catabolism was inhibited by RIF and PZA. The combination therapy led to a more significant decrease of FAS and FFAS than INH or PZA alone. Combination therapy treatment led to the down-regulation of fatty acid synthase expression. Further study showed that fatty acid synthesis inhibitor (FLD) could repress FAS expression. Thus, combination therapy repressed the production of fatty acids, which subsequently repressed the synthesis of mycolic acid (MA) and the MA biosynthesis-related enzymes (CDS), which led to the observed growth inhibition. Together, these data indicated that the combination therapy inhibited *M. tuberculosis* growth through modulating mycobacterial lipid metabolism, and such a combination therapy may be considered as a new strategy for anti-TB therapy. The relative impact of liver disease and malnutrition on the acute and chronic clinical course of HIV infection. The relative contribution of HIV and hepatic disease to the clinical manifestations of HIV-related illness and to the incidence of opportunistic infections is controversial. One hundred forty-nine AIDS patients with hepatic disease and 52 HIV-infected patients without liver disease (control group) 82157476af

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