PROBLEMS OF DIAGNOSTICS OF EXTRA PULMONARY TUBERCULOSIS

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Introductions. In recent years, many regions of the world have seen an increase in the incidence of extrapulmonary tuberculosis (ETB). In economically developed countries, the proportion of ETBs is on average 1/4 - 1/3 of the total number of cases of tuberculosis (TB). In developing countries, ETB is 1/15 to 1/20 of all TB cases. This situation depends on several factors: the loss of nosological forms of ETB in statistical reports, the detection of TB of these localizations in terms of accessibility, and the insufficient alertness of both family doctors and narrow specialists. Diagnoses of nosological forms of ETB are often made at the stages of the disease with loss of function of the affected organs. If pulmonary TB is more often affected by socially maladaptive men, then ETB is predominantly socially adapted women of reproductive age, which also focuses on the relevance of timely detection and treatment of ETB.

Aim. Focus on the pathogenetic features of organ damage in ETB, the social aspects of this pathology with severe impairment of function and permanent disability.

Materials and methods. In the analysis of the literature, attention is drawn to the dynamics of ETB in recent years in a difficult epidemiological situation. Data shown is in accordance with ETB guidelines.

Results and discussion. The social significance of ETB is determined by the more frequent incidence of young and middle-aged people (25-45 years), especially women of reproductive age after childbirth and abortion. When conducting an x-ray examination of the chest organs, changes characteristic of transferred TB may not be

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determined. In more than half of patients, pulmonary TB (often destructive forms) is combined with ETB. An unfavorable epidemiological situation, an increase in the number of patients with HIV infection, the spread of resistant strains of Mycobacterium tuberculosis (MBT) contribute to an increase in the number of cases of generalized forms of TB, and frequent relapses.

One of the main features of ETB is the hematogenous spread of infection. MBT penetrate and retain in tissues under certain microcirculation conditions. First of all, anatomical areas with a wide vascular bed, slowed blood flow, close contact of the bloodstream with tissues are susceptible to infection.

These anatomical zones include: myeloid bone marrow, mainly epiphyses and metaphyses of long tubular bones, vertebrae, genitals (fimbrial-ampullar sections of the fallopian tubes in women and the region of the sphenoid plexus in men), kidneys (cortical layer of the renal parenchyma, periglomerular zone), eyes (uveal tract and choroid zone), skin (papillary subepidermal layer).

After the initial formation of specific changes in the affected organs, several options for the further development of the process are possible:

- 1) Complete resorption of tuberculous tubercles (the most common option);
- 2) Partial resorption with scarring;
- Partial or complete encapsulation of caseous-necrotic tuberculosis foci with persistent MBT remaining in the affected organs (this option is the most common in the formation of ETB as an independent disease);
- 4) In severe immunodeficiency states, there is a rapid progression of the tuberculosis process.

There are three components of inflammation in TB: infiltrative, proliferative granulomatous and caseous necrosis. The infiltrative component, as a rule, is nonspecific; broad-spectrum antibacterial drugs are very effective in reducing the infiltration zone and improving the condition of patients.

In the presence of a proliferative granulomatous process after chemotherapy, fibrotic changes remain. It is important to preserve the organ architectonics. After caseous necrosis, cicatricial deformity occurs, calcifications form. With such changes in organs, persistent and multiplying MBTs are poorly available for chemotherapeutic drugs.

Separate localizations of ETB have their own pathogenetic features. Cicatricial deformity and calcification in the fimbrio-ampullar part of the fallopian tubes often leads to infertility. In men, for the violation of reproduction, the localization of the inflammatory process in the field of the sphenoid plexus is important. Calcification in the eye can cause loss of vision. Secondary ureter damage in renal TB leads to strictures with the occurrence of hydronephrosis.

Thus, with ETB, cicatricial deformity and calcification are extremely undesirable due to the importance of the consequences of violation of the architectonics of organ tissues. This is an important difference with similar changes in the lung parenchyma.

Diagnosis and differential diagnosis of ETB are complex for several reasons:

- the absence of pathognomonic symptoms of acute or chronic organ damage in a specific inflammatory process;
- combination with chronic non-specific inflammation of organs, masking ETB for chronic diseases of non-specific etiology;
- 3) a change in the clinical symptoms of ETB in the treatment of exacerbations of chronic inflammatory diseases of internal organs caused by non-specific flora;
- 4) inadequate antibiotic therapy;
- 5) untimely referral for consultation with narrow specialists and TB specialists.

An important feature of the treatment of the tuberculosis process with ETB is the reduced bioavailability of drugs in the bones, lymph nodes, eyes, fallopian tubes, plexus, ureters.

The general course of treatment with antibacterial drugs of the sensitive form of ETB lasts from 6 to 12 months. After this treatment, patients are registered in primary care institutions at the place of residence.

Indicators of treatment effectiveness are:

- 1) sclerosis of the foci of destruction;
- 2) closure of fistulas in the organs;

3) full or partial restoration of function of the affected organs.

A follow-up examination is carried out 2 times a year (general clinical tests, radiography and, if necessary, computed tomography and magnetic resonance imaging). In the absence of relapse, patients are deregistered after 2 years.

Indications for planned hospitalization of patients with ETB are:

- 1) differential diagnosis of ETB;
- 2) ETB with complications;
- 3) drug correction of toxic-allergic reactions.

Conclusions.

- 1. ETB is an important social issue whose significance is currently underestimated.
- 2. The absence of specific pathognomonic symptoms in ETB leads to diagnostic errors and patient disability.
- 3. With ETB, recovery with the absence of gross cicatricial changes and petrification is of particular importance due to the rapid loss of function of the affected organ.