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**SOME DIAGNOSTIC ASPECT OF EXTRAPULMONARY
TUBERCULOSIS WITH FEVER OF UNKNOWN
ORIGIN AT THE BEGINNING**

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Abstract. Extrapulmonary TB (EPTB) is an important cause of fever of unknown origin (FUO). Early diagnosis of EPTB is required in the direction of the primary comprehensive assessment and interpretation of clinical and laboratory parameters.

Key words: extrapulmonary tuberculosis, fever of unknown origin, diagnostic, differential diagnosis, mycobacteria

Concomitant pulmonary lesion with tuberculosis (TB) is not always detected, so according to the authors, pulmonary changes were detected in 49.5% of patients and only in 23.4% of them pulmonary symptoms during chest X-ray were determined as typical for pulmonary TB [1, p. 426]. In the same patients, during multispiral CT (MSCT), pathological foci were detected in 98.9% of patients. In the presence of FUO in patients with EPTB, disseminated and miliary infections, as well as bone and joint infections, mediastinal lymphadenopathy, and mesenteric adenitis, are the most common forms of differential diagnosis.

In countries with an average and high prevalence of TB, the incidence rate of EPTB is increasing [2, p. 1211]. Anemia of chronic disease in patients with EPTB occurs quite often, in about 50-80% of cases [3, p. 47]. Leukocytosis, thrombocytosis, and thrombocytopenia in patients with EPTB and FUO are

determined in approximately 10-20% of patients. An important place belongs to MSST and magnetic resonance imaging (MRI) in the identification of focal lesions in febrile EPTB.

Positron emission tomography-computed tomography (PET / CT) data alone do not make it possible to distinguish infection from malignancy or inflammation. PET / CT in patients with febrile EPTB helps to determine the metabolic status of abnormal focal lesions and then purposefully use invasive approaches to obtain biopsies and confirm the diagnosis [4, p. 5875]. At the same time, chest x-ray cannot be considered the optimal method for detecting typical changes in pulmonary TB [5, p.814]. Timely early diagnosis in patients with EPTB and FUO with determination of lesion sites with biopsy examination after using invasive methods makes it possible to diagnose EPTB as the cause of FUO earlier [6, p.17].

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