ETHIOPIAN INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY RESEARCH

eISSN: 2349-5715 pISSN: 2349-5707

Volume: 11, Issue 12, December-2024 SJIF 2019: 4.702 2020: 4.737 2021: 5.071 2022: 4.919 2023: 6.980 2024: 7,662

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THE RELEVANCE OF THE USE OF INNOVATIVE METHODS IN DETERMINING MESADENITIS OF TUBERCULOSIS ETIOLOGY

Abctract: Diagnosis of tuberculous mesenteric adenitis presents great difficulties. Very often, patients are admitted to the surgical departments of various hospitals with signs of "acute abdomen"; in the presence of ascitic fluid, it is recommended to use laparoscopy with a biopsy of the lymph nodes and sampling of ascitic fluid to establish the etiology of mesenteric adenitis. The obtained materials are necessary, along with traditional histological examination, to carry out PCR in real time, which will allow not only to find out the etiology of mesenteric infection, but also to determine the presence of drug resistance. In the process of diagnosis, it is necessary for patients to carry out Diaskintest, which is a more sensitive method than tuberculin diagnostics.

Key words:tuberculous mesenteric disease, laparoscopy diagnostics, Diaskintest, GeneXpert Rif real-time PCR

Relevance. In patients with extrapulmonary forms of tuberculosis, the processes are detected late when complications occur, which often leads to disability in four patients (Parpieva et al., 2018), [3.P.33]. Tuberculosis of mesenteric lymph nodes (mesadenitis)- it is a rather rare disease, having no typical clinical, characteristic symptoms, it causes these patients to be hospitalized in surgical departments with a diagnosis of acute abdomen. As E.V. Lensky points out [2.p. 28] abdominal tuberculosis accounts for 1.6-16% of all cases of extrapulmonary tuberculosis (2006, p. 3) and its detection rate in the Russian Federation among the population is 0.005%, among those with an increased risk of the disease — 1.2%, the author points out that the diseases that abdominal tuberculosis is often disguised as are : chronic cholecystitis appendicitis, mesadenitis, colitis, peptic ulcer of the stomach and duodenum, partial intestinal obstruction, tumor-like formations [1. P.34]. Tuberculous mesadenitis (tuberculosis of the mesenteric and retroperitoneal lymph nodes) is one of the most difficult to diagnose forms of abdominal tuberculosis.

The purpose of the study. To study the importance of minimally invasive laparoscopy for examining the condition of abdominal organs and collecting material for the diagnosis of the etiology of mesadenitis.

Materials and methods of research. The analysis of the medical history of 25 patients admitted to the regional tuberculosis dispensary from various hospitals, where patients underwent diagnostic laparoscopy for diagnosis.

The results obtained and their discussion. Of the 25 examined patients, 18 were men and 7 were women. The most common age among the studied patients ranged from 21 to 29 years old. The majority of 21 patients were transferred from surgical departments of various hospitals in urban and regional hospitals, and 4 patients were transferred from an oncological dispensary after diagnostic laparoscopy. Patients transferred from surgical departments: 16 underwent laparoscopy for intestinal obstruction in 6 patients, 8 patients showed signs of peritonitis of unknown etiology, and 4 patients had an "acute abdomen". Laparotomy was performed in 5 patients for severe abdominal pain, peritonitis, and accumulation of ascitic fluid in small amounts. A biopsy of enlarged lymph nodes was performed in these 5 patients, as well as ascitic fluid samples. The histological examination of all five patients revealed morphological signs characteristic of tuberculosis. Subsequently, all 25 patients were

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given a Mantoux test and a Diaskintest. The Mantoux test results are negative for 6, doubtful for 7, and positive for the rest. Diaskin has a weakly positive response in 12 (papule 2-4 mm), in 10 it is positive, and in 3 it is hyperergic. Ascitic fluid obtained by laparoscopy was examined for CD by bacterioscopy, all of the examined had a negative result, real-time PCR study- GeneXpert Rif Mycobacterium tuberculosis was detected in 3 patients, and multidrug resistance was detected in 1 patient. X-ray examination of the chest organs was performed in all 25 patients - 6 had pulmonary tuberculosis (infiltrative in 4, disseminated in 2 patients), i.e. there was a generalized process. Ultrasound examination of the abdominal organs was performed in all 25 patients: a picture of mesadenitis was revealed in 4 patients, and changes characteristic of kidney tuberculosis in 2 patients. Computed tomography of the abdominal organs in 6 patients revealed changes in the liver and intestines.

Conclusions. In patients with signs of "acute abdomen", in the presence of ascitic fluid, laparoscopy with lymph node biopsy and ascitic fluid sampling is recommended to determine the etiology of mesadenitis. Along with traditional histological examination, the obtained materials should be examined by real-time PCR, which will allow not only to determine the etiology, but also to determine the presence of drug resistance of mycobacteria. During the diagnosis process, patients should undergo a Diaskintest, which is a more sensitive method than the Mantoux test.

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