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RISK FACTORS FOR TUBERCULOSIS IN CHILDREN IN THE ANDIJAN REGION*Abdumanapova R.K.**Department of phthisiology and pulmonology, microbiology, immunology and virology**Andijan State Medical Institute*

Annotation: The increase in the number of cases of infiltrative pulmonary tuberculosis, including in the Andijan region as throughout the world, necessitates greater attention from TB doctors and family doctors. Infiltrative pulmonary tuberculosis is more detected among tuberculosis risk groups on the basis of anamnestic data, radiographic data, the ineffectiveness of traditional antibiotic therapy and requires additional study. In this article, we consider groups of patients with pulmonary tuberculosis from the risk group, the effectiveness of treatment after 2 months.

Keywords: infiltrative tuberculosis, phthisiology, Andijan

Relevance. Over the past 10 years, tuberculosis rates per 100,000 people have decreased steadily. This is the result of the full implementation of programs, the development and introduction into practice of new methods for the diagnosis, treatment and prevention of tuberculosis (3). To date, infiltrative pulmonary tuberculosis is the most common form of tuberculosis, the pathomorphological basis of which are old or fresh caseous foci, mainly with exudative inflammation, against the background of local hyperergia of the lung tissue. A characteristic feature of this form is a high tendency to disintegration of lung tissue, bronchogenic insemination and most clinical manifestations. The penetration into tissues and the accumulation of cellular elements, liquids and various chemicals in them contributes to the formation of infiltration. The accumulation of cellular elements in tissues and organs is called an infiltrate; along with shaped elements, blood plasma and lymph coming out of blood vessels participate in its formation during inflammation. With infiltration of lung tissue, 57.6% of the decay phase is observed, bacterial excretion occurs in 31.3%. The current epidemic situation in tuberculosis contributes to an increase in the incidence of secondary forms of tuberculosis among young people, including infiltrative, primary and secondary drug-resistant pathogens. The dynamics of tuberculosis infiltrates is diverse [2,4]. In some cases, fresh infiltrative foci are completely absorbed. Then the normal structure of the lung tissue is restored or minor fibrous changes form in it [1]. Peripheral inflammation is eliminated more often, and the centrally located caseous focus is encapsulated and compacted. At the same time, interlobular, peribronchial and perivascular sclerosis can develop simultaneously. This creates an induration field with dense foci.

The purpose of the study. The aim of the study is to study the somatic condition of patients with infiltrative tuberculosis in the Andijan region.

Materials and methods of research. To fulfill our task, we examined the somatic condition of 56 patients with infiltrative tuberculosis who live in the Andijan region.

The results of the study. Minor weakness and general malaise were observed in 11 (19.6%) patients upon admission to the hospital. 40 (71.4%) patients with infiltrative tuberculosis were bothered by a cough with a scanty amount of mucosal sputum, 5 (8.9%) patients did not complain. During X-ray examination of the thoracic cavity organs in 39 (69.6%) patients, infiltrative pulmonary tuberculosis was localized in the upper lobe of the right lung (S1 and S2), in 9 (16%) - in the upper lobe of the left lung, and in 8 (14.3%) patients, the process was in the lower lobes of the lungs. 32 (57.1%) patients had a cavity of destruction. All patients received treatment taking into account the sensitivity of MBT. In 22 (34.37%) patients with infiltrative tuberculosis without bacterial excretion, treatment was carried out taking into account the contact person according to MSCT of the thoracic cavity. The patients who were under our supervision were young people (17-33 years old). Among them, 44 were identified for the first time, 12 relapses. There are 5 patients with diabetes mellitus in the anamnesis, 23 have respiratory system diseases (11 of them have a history of covid-19), allergic diseases (in the form of rhinitis) in 8 patients, gastrointestinal diseases in 15 patients, 3 patients have diseases of the cardiovascular system, 2 have HIV-positive status. The results of the conducted studies confirm that after 2 months of antibacterial therapy, 44 (79%) patients have a positive dynamics of the tuberculosis process (a decrease in the main focus). In 7 (12.5%) patients, there was no change or little change, and treatment of pulmonary tuberculosis with first-line drugs was ineffective in 5 (8.9%) patients. These patients have a high risk of MDR MBT and therapy correction is necessary. Patients should have their sputum analyzed for MBT DNA by PCR and then decide whether to treat the patient in a specialized MDR department.

Conclusions.

1. In young people, secondary tuberculosis develops the most among the risk group of the respiratory system, 41% (47% of them having covid-19).
2. The presence of negative radiological dynamics in patients with newly diagnosed pulmonary tuberculosis after controlled administration of at least 56 doses of anti-tuberculosis drugs is the risk of developing MDR MBT only in 9.0% cases.
3. The risk of MDR MBT is observed in patients with pulmonary tuberculosis without bacterial excretion, according to X-ray observation after 2 months of controlled antibacterial therapy, 12.5% of patients have more.

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