

ASSESSMENT OF THE CLINICAL COURSE OF PULMONARY TUBERCULOSIS

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Relevance. Tuberculosis in the elderly is important due to its epidemiological and clinical-pathogenetic characteristics. Timely detection of pulmonary tuberculosis in the elderly and senile is much more difficult than in young and middle-aged individuals, as this segment of society is often overlooked by healthcare professionals due to their disorganized nature and lack of access to preventive examinations, diagnosis, and treatment. Furthermore, the first clinical signs of tuberculosis (weakness, fatigue, sweating, loss of appetite, weight loss, etc.) in this group are considered by physicians to be age-related changes.

The aim of the study was to investigate the characteristics of the course of pulmonary tuberculosis in elderly and senile individuals.

Materials and methods: We analyzed the course of pulmonary tuberculosis in 60 patients aged 60–83 years, who were inpatients at the Samarkand Regional Center for Phthisiology and Pulmonology, for the period 2024–2025.

Study results: Of the examined patients, 34 were men (57%) and 26 were women (43%). It is important to note the prevalence of patients by place of residence, where 13 (21%) were predominantly from the Turkestan Valley. The majority of patients had the following clinical forms of pulmonary tuberculosis: focal – 3 (5%); infiltrative – 30 (50%); disseminated – 15 (25%); fibrocavernous – 7 (12%); cirrhotic – 5 (8%).

Analyzing the clinical manifestations of the disease, we note that the majority of patients had clinical symptoms of intoxication, which masked the manifestations of pulmonary tuberculosis. Weakness was present in 42 patients (70%); elevated body temperature in 20 (33%); night sweats in 21 (35%); weight loss in 32 (53%); loss of appetite in 36 (60%). The bronchopulmonary symptomatic complex was manifested by cough in 52 patients (87%), hemoptysis was observed in 8 cases (13.3%). Shortness of breath was complained of by 28 patients (47%), chest pain - by 15 (25%). Therefore, the majority of patients had clinical manifestations of pulmonary tuberculosis.

The premorbid background included: diabetes mellitus in 8 (13.3%); hypertension and coronary heart disease - in 25 (41.6%); gastrointestinal diseases - in 6 (10%); CNS diseases – in 5 patients (8.3%); nonspecific lung diseases – in 4 patients (6.6%). Bacterial excretion was detected in 40 patients (66.6%); destructive changes – in 5 patients (8.3%). Simple sputum smear bacterioscopy revealed bacterial excretion in 17 patients (28.3%).

Conclusion: Thus, pulmonary tuberculosis in the elderly and senile patients has an acute and subacute course, with clinical symptoms masked by comorbidities and a relatively low percentage of bacterial excretion.

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