

**CLINICAL STRUCTURE OF TUBERCULOSIS IN THE ELDERLY****Mamajanov Ikboljon Maribjanovich**ASMI, Assistant of the Department of Phthisiology and Pulmonology
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Abstract. The problems of unfavorable rates of tuberculosis in Uzbekistan allow us to focus on pulmonary tuberculosis in the elderly and senile. The proportion of tuberculosis in the elderly and senile in the structure of age-related incidence in Uzbekistan is about 20%, in Andijan region - 15–16%. The problem of isolating pulmonary tuberculosis in elderly and senile people is dictated by the peculiarities of physiological and pathogenetic processes, a decrease in the diagnostic value of many symptoms of the disease, untimely diagnosis, insufficient effectiveness of conservative chemotherapy, and the presence of drug-resistant forms of *Mycobacterium tuberculosis* (MBT), a high proportion of comorbidity, the occurrence of adverse reactions to drugs.

Keywords: MBT, tuberculosis, method, diagnosis, ischemia.

INTRODUCTION

Purpose of the study — to study the features of the course of pulmonary tuberculosis in elderly and senile people who were in the hospital of the Andijan City Clinical TB Dispensary in 2019–2022.

MATERIALS AND METHODS

An analysis was made of 43 case histories of elderly and senile patients who were treated in the Andijan city hospital with tuberculosis in the lungs. Patients were divided into two groups: 1st — age group 55–64 years; 2nd - 65 years and older. Upon admission to the hospital, all patients were prescribed specific treatment in accordance with the standards of chemotherapy regimens against the background of pathogenetic agents. Correction of the chemotherapy regimen was carried out after the results of the study on the drug resistance of the pathogen or due to poor tolerance or side effects of drugs against the background of concomitant diseases. The effectiveness of the treatment was assessed on the basis of a control bacteriological and radiological examination, carried out at the end of the main course of the intensive phase of treatment and the transfer of patients to the continuation phase of therapy on an outpatient basis.

RESULTS AND DISCUSSION

Among patients of the 1st group (27 people), males predominated — 77.7% of cases. In the structure of clinical forms of pulmonary tuberculosis, infiltrative tuberculosis dominated - 51.2% of cases, pulmonary tuberculomas were in 18% of cases. An analysis of the detection pathways showed that in 16 (37.6%) patients, pulmonary tuberculosis was detected when visiting a doctor. The onset of the disease was acute in 16.2% of patients, subacute onset in 70% of patients, asymptomatic course was noted in 6 patients (13%). Symptoms of intoxication were found in 51.1% of patients. Bronchopulmonary symptoms (cough, sputum production, hemoptysis) were registered in 30 (69.7%) patients. Among the patients of the 1st group, 32 patients (74.4%) had widespread processes with damage to one lobe of the lung

or more, and 11 patients (25%) had limited damage to the lung tissue within 1-2 segments. The collapse of the lung tissue was found in 29 patients (67.4%). Bacterial isolation by microscopic method among this category of patients was registered in 44.1% of cases, by culture - in 60%. Drug resistance of Mycobacterium tuberculosis (MBT) was found in 20 patients (46.5%), including MDR in 14 patients (32.5%). Concomitant diseases accompanied the course of tuberculosis infection in 39 patients (90.6%), the predominant ones were coronary artery disease, arterial hypertension (50.7%), chronic bronchitis, including COPD (18.6%), sensorineural hearing loss (18.6%). The duration of hospital treatment among the 1st group of patients averaged 154 bed-days. Undesirable side effects of anti-tuberculosis drugs were noted in 71.8% of patients, which determined the modification of standard chemotherapy regimens. Termination of bacterial excretion in the 1st group of patients by the end of the 2nd month of hospital treatment was registered in 5 patients (29.4%). Transformation of changes in the lung tissue in the form of closure of decays - in 33.3%.

Among the age category of persons 65 years and older (16 people), in the structure of forms of pulmonary tuberculosis, the infiltrative form was also registered in the first place - 12 patients (75%). The main method of detection was digital fluorography. At the request, 7 patients (43.7%) were identified, as a professional examination - 3 patients (18.7%). Acute onset of the disease was noted in 6 patients (37.5%), subacute — in 2 patients (12.5%). Symptoms of intoxication were detected in almost all patients, bronchopulmonary — in 11 (68.7%) patients. Among the 2nd group of patients, widespread processes in the lungs occurred in 12 people (75%), limited - in 4 (25%). Bacterial excretion by all methods was registered in 12 patients (75%), MBT drug resistance was found only in 2 patients (12.5%), MDR was found in 5 patients (31%). Concomitant diseases were detected in 15 patients (93.7%). In terms of structure, they practically did not differ from the characteristics of those among patients of the 1st group. The duration of inpatient treatment in the 2nd group of patients ranged from 47 to 224 days, averaging 106 days (with the total average duration in the hospital being 89–92 days). Complications of anti-tuberculosis therapy as undesirable side effects among patients of this group were observed in 14 patients (87.5%). The high proportion of pronounced toxic side effects of anti-tuberculosis drugs on the part of damage to internal organs: the liver, central nervous system, gastrointestinal tract, cardiovascular and hematopoietic systems, not only reduced the adherence of patients to treatment, but also led to its rejection. Further management of such patients required one or another correction of treatment regimens: a decrease in the average therapeutic dose, dissociation of coincidence in terms of the time of taking medications, the appointment of protectors, and intensification of pathogenetic and symptomatic therapy, including those for comorbidities. Negativity of sputum among patients with bacterial excretions in the 2nd group by the final stage of inpatient treatment was achieved in 45%, i.e. in 5 patients.

The clinical picture of tuberculosis in elderly and senile patients was largely characterized by the predominance of local symptoms over the general ones. The state of health of patients, as a rule, did not suffer even with bilateral kidney damage. When comparing both groups according to the criterion of pain in the lumbar region, as well as dysuria and fever, no significant differences were found. Whereas, when comparing the symptoms of intoxication and weight deficiency, statistically significant differences were revealed. Symptoms of intoxication prevailed in young and middle-aged patients with tuberculosis (67.9%), in comparison with patients with AFL of elderly and senile age (47.5%). Weight deficit is more

pronounced in the main group (68.8%) than in the comparison group (43.3%). The frequency of dysuria detected in 58.0% of cases in patients of the main group, in addition to tuberculosis of the urinary system, is combined with symptoms of the lower urinary tract, requiring pharmacological correction. The high incidence of dysuria in the comparison group (91.8%) is largely due to nonspecific pyelonephritis and cystitis, which accompanies nephrotuberculosis in up to 67.7% of cases [9].

CONCLUSION

In the structure of clinical forms of tuberculosis of the respiratory organs in elderly and senile people, infiltrative pulmonary tuberculosis in the phase of decay and bacterial excretion predominates in 60.4% of cases. In the 2nd age group, widespread forms of tuberculosis with bacilli excretion were more often observed, which is due to the suppression of immune defense and a decrease in the overall resistance of the body. Poor tolerance and undesirable side effects of anti-tuberculosis drugs, the negative impact of concomitant pathology were more often noted in the older age group. The combined effectiveness of standard therapy and individually modified chemotherapy regimens makes it possible to achieve a positive clinical, radiological and bacteriological result of treatment in 60–70% of cases at the inpatient stage of management of elderly and senile patients with pulmonary tuberculosis..

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