



TUBERCULOSIS OF PERIPHERAL LYMPH NODES IN HIV-INFECTED PEOPLE

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<https://doi.org/10.5281/zenodo.7931812>

Abstract. The article presents the results of complex treatment of HIV-infected patients with tuberculosis of peripheral lymph nodes, depending on the timing of the detection of the disease. HIV infection increases the risk of developing extrapulmonary forms of tuberculosis, including tuberculosis of the peripheral lymph nodes. Late diagnosis, inadequate therapy worsen the course of tuberculosis of the peripheral lymph nodes, the treatment of the disease requires significant material and technical costs.

Keywords: extrapulmonary tuberculosis, HIV infection, tuberculosis of peripheral lymph nodes.

INTRODUCTION

Studies conducted in recent years by scientists have shown that tuberculosis occupies a dominant position in the structure of opportunistic infections in HIV-infected people [2]. Increasingly, extrapulmonary forms of tuberculosis are manifestations of HIV infection. Most often it is tuberculosis of peripheral lymph nodes [1].

MATERIALS AND METHODS

The course of tuberculosis of the lymphatic system with HIV infection in newly diagnosed patients who were treated in the extrapulmonary department of the Andijan Regional TB Dispensary differed significantly from the typical isolated form of tuberculosis. For isolated tuberculosis of peripheral lymph nodes, one, less often, two groups of regional lymph nodes are affected. Only in the case of chronic process and late diagnosis is the involvement of new groups of regional lymph nodes typical. The course of the disease is often blurred, rarely preceded by an acute respiratory viral infection. The onset of the disease is the appearance of a tumor-like formation, painful or painless, depending on the stage of the pathological process. With HIV infection, tuberculosis of the lymphatic system manifests itself acutely. The course of the disease is complicated, often in the form of abscesses, phlegmon, followed by the formation of fistulas. The development of the disease is fulminant, often patients undergo surgical interventions to eliminate complications, although pathological foci almost always remain.

RESULTS AND DISCUSSION

For the period from the beginning of 2017 to the present, 6 patients with combined lesions of peripheral lymph nodes were treated in the extrapulmonary tuberculosis department of the Andijan Regional TB Dispensary. The diagnosis of HIV infection was established in the period 2010-2020. All patients had an acute onset of the disease. It proceeded with symptoms of SARS, at the same time, tumor-like formations appeared on the neck, in the inguinal or axillary areas. After 2-3 days, moderate or severe pain in the area of tumor-like formations, severe swelling of soft tissues in the area of localization of enlarged lymph nodes were added, which forced patients to apply to medical institutions at the place of residence. Three patients underwent emergency surgical treatment: drainage of abscesses in the axillary regions,

phlegmon of the neck on the left, abscess of the right ilio-inguinal region. Histological and bacteriological studies were not performed in them. In the postoperative period, all operated patients were treated with broad-spectrum antibacterial drugs. Despite the ongoing treatment, all patients developed phenomena of periadenitis, two had fistulas in the area of surgical intervention. After 2 weeks, two patients were reoperated due to recurrence of abscesses. Subsequently, these patients were consulted, where the diagnosis of a specific lesion of the lymphatic system was confirmed to them.

We present our own clinical observations.

Patient O., 38 years old. HIV infection was detected in 2010. Until 2020, she used intravenous drugs. Since 2016, she noted an increase in the lymph nodes of the neck, ilio-inguinal regions. In January 2017, due to abscessing of the inguinal lymph nodes on the right, she was operated on, the abscess was drained, subsequently, after 4 weeks, the neck abscesses were drained on the left, after 2.5 weeks, the neck phlegmon and recurrent abscess of the inguinal region were drained again on the right. Non-specific antibacterial treatment was carried out, and in the AIDS center, antiretroviral therapy (ART) was carried out. Despite combined treatment, in May 2017, a tumor-like mass appeared in the right ilioinguinal region with a transition to the upper third of the right thigh. The patient underwent a second operation: drainage of the abscess of the right ilio-inguinal region. Histopathological examination: signs of tuberculous lymphadenitis. Upon admission to the hospital, numerous retracted skin scars were found on the left neck, in the right ilio-inguinal region, a tumor-like formation in the upper third of the right thigh along the anteromedial surface. No destructive process in the pelvic bones and lumbosacral spine was revealed according to X-ray data. From the moment of hospitalization, antibacterial treatment with anti-tuberculosis drugs, pathogenetic therapy was started, and ART was continued. Ultrasound of the soft tissues of the neck, ilio-inguinal regions, abdominal cavity and retroperitoneal space: in the projection of the postoperative skin scar of the right ilio-inguinal region, a hypoechoic structure with a fine suspension, with clear uneven contours, extending from the upper third of the right thigh towards the retroperitoneal space, is determined. In dynamics, according to the data of clinical and instrumental studies, an increase in the size of the liquid formation was found. In this regard, on January 17, 2018, the operation was performed: lymphadenectomy of the femoral lymph nodes on the right, abscessectomy of the right thigh, drainage of intrapelvic and retroperitoneal abscesses. In the postoperative period, lavage of abscess cavities was performed for a long time. During fistulography on January 18, 2018, the abscess cavity was contoured, which extends distally from the upper third of the right thigh at the border with the middle third and proximally to the level of the transverse process LIII. Communication with bone structures was not revealed. Continued combined treatment. In connection with repeated abscessing of the cervical lymph nodes on the right, abscesses were drained. Wound healing by secondary intention. In this patient, the difficulties in treatment can be explained by late diagnosis, generalized damage to the lymphatic system, and complicated course of the disease. A complicated form of tuberculosis of the lymphatic system in combination with HIV infection is long and difficult to treat. We demonstrate an example of the importance of early diagnosis of tuberculosis of the lymph nodes in HIV-infected people.

CONCLUSION

The course of tuberculosis of peripheral lymph nodes in HIV-infected is explained by the peculiarities of the formation of the immune response, which is especially pronounced in the

morphological study of the affected peripheral lymph nodes. In the tissue of the lymph nodes, alterative-exudative processes are expressed, the productive reaction is weakly expressed. The processes of encapsulation of pathological foci, organization (fibrosis), scarring are absent, which ultimately leads to a complicated course of the pathological process, the development of associations of Mycobacterium tuberculosis with nonspecific bacterial flora, and the generalization of tuberculosis infection.

Thus, HIV infection increases the risk of developing extrapulmonary forms of tuberculosis, including tuberculosis of the peripheral lymph nodes. Late diagnosis, inadequate therapy worsen the course of tuberculosis of the peripheral lymph nodes, the treatment of the disease requires significant material and technical costs.

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