

European Respiratory Society Annual Congress 2013

Abstract Number: 3160

Publication Number: P3813

Abstract Group: 1.5. Diffuse Parenchymal Lung Disease

Keyword 1: Tuberculosis - diagnosis **Keyword 2:** Bacteria **Keyword 3:** Viruses

Title: Thanatogenesis of HIV-associated tuberculosis in penitentiary establishments of Belarus

Dr. Pavel 21036 Kryvanos vakulow@gmail.com MD , Dr. Irina 21037 Ragulina vakulow@gmail.com MD ,
Dr. Anna 21038 Grinevich vakulow@gmail.com MD and Dr. Vasiliy 21053 Akulow vakulow@gmail.com MD
. ¹ Phthisiopulmonology, Belarusian State Medical University, Minsk, Belarus, 220040 .

Body: Aim. To study structure of HIV-associated tuberculosis mortality in new detected patients of Penitentiary establishments. Methods. We studied case-records and autopsy- records of 24 died patients with new detected HIV-associated tuberculosis treated in republican hospital for prisoners in 2010-2012. Middle age of died patients was 35,1 years. All these patients had the 4-th stage of HIV infection. CD4 lymphocyte level was less than 100 cell/ml. Tuberculosis was developed on HIV infection background in 91,6% patients. Patients didn't receive antiretroviral therapy. Results. Tuberculosis in all the died persons had generalized character and was the main death cause. 87,5% patients had acute hematogenous disseminated tuberculosis with affection of lungs and other organs. 62,5% patients had intrathoracal lymph node tuberculosis; 54,2% patients – mesenteric and retroperitoneal lymph node tuberculosis; 29,2%– peripheral lymph node tuberculosis. 83,3% patients had affection of cerebral coat and cerebral substance. Specific process in hepar and kidneys was revealed in 66,6% patients, in spleen -15, in pleura-7 patients. There were tuberculosis single cases of pancreas, pericardial and abdominal tuberculosis. 50% patients had combination of specific lung process with superlative pneumonia. Hepatitis, cirrhosis (62,5%), myocarditis (54,2%); cachexia (45,8%) were the most revealed attendant pathology. Resume. Acute hematogenous generalization with lung affection and multiple extrapulmonary manifestations predominate in mortality structure of HIV- associated tuberculosis. Specific process in lungs often is combined with superlative inflammation and attendant pathology.