

European Respiratory Society Annual Congress 2012

Abstract Number: 2657

Publication Number: P2586

Abstract Group: 10.2. Tuberculosis

Keyword 1: Immunosuppression **Keyword 2:** Tuberculosis - diagnosis **Keyword 3:** Chronic disease

Title: Clinical and radiological (CR) features of tuberculosis formed as a result of immunosuppressive therapy (IT)

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Body: Research objective was an analysis of features of pulmonary tuberculosis (PT) formed as a result of IT. Material and methods. CR features of PT were retrospectively studied in 31 patients who have undergone long-term courses (from 4,5 up to 26 months) of IT: prednisolone, cytostatics for – 23 patients with bronchial asthma, histiocytosis X, kidney allotransplantation, vasculitis, rheumatoid arthritis (1 group). 8 patients (2 group) - monoclonal antibodies for rheumatoid process. Results. CR picture of PT has often been interpreted as progression of basic disease – in 67,7% of patients - in 4-9 months. Marked clinical symptoms were registered in 89,5% and 58,3% of patients, polysegmentary, bilateral changes were noted in 84,2% (1 group) and 100,0% (2 group) with prevalence of changes in lower parts of the lungs in 57,9% and 75,0% accordingly. Long-term absence of bacterioexcretion of MBT is typical for the patients of both groups. The patients, who were taking monoclonal antibodies had twice as high incidence of destructive changes (50,0% against 21,1%). 100,0% of patients of II group had visible bilateral enlargement of intrathoracic lymph nodes and tubercular affection of bronchial tree in 58,3% of cases. Generalized forms were registered in 25% of II group patients vs. 2,0% of I group patients. Characteristic property of PT in 2 group was wavelike course of the process with slow progression. Conclusion: Disseminated processes are typical for PT formed as a result of IT. A feature of tuberculosis process in patients taking monoclonal antibodies, is marked bilateral affection of intrathoracic lymph nodes, predisposition to generalization of the infection and wavelike course.