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Title: Manifestations of pulmonary tuberculosis on computed tomography in patients with HIV infection, depending on the degree of immunosuppression

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Body: Diagnosis of TB in patients with HIV infection is often difficult because of the low frequency allocation MBT in the sputum, and not the typical radiographic manifestations. Material and methods. Analyzed by CT in detecting pulmonary disease in 64 patients with HIV infection and TB. 54 people have been confirmed TB detection MBT in sputum, 10 by biopsy. The patients were divided into 4 groups. group 1 - with a CD4 - > 500, (n = 16), group 2 -200-499 (n = 24), group 3 -100-199 (n = 10), 4-group - <100 (n = 14). Results. Depending on the level of CD4 pulmonary manifestations of TB changed

Manifestations of pulmonary tuberculosis on CT

CT syndrome	Group 1(n = 16)	Group 2 (n = 24)	Group 3 (n =10)	Group 4 (n =14)
Well- defined nodules	16 (100%)	22 (91,7%)	8 (80%)	12 (85,7%)
Ground-glass nodules	2 (12,5%)	4 (16,6%)	4 (40%)	6 (42,8%)
Alveolar infiltrates	12 (75%)	22 (91,6%)	8 (80%)	2 (14,3%)
Interstitial infiltrates	2 (12,5%)	8 (25%)	4 (40%)	8 (57,1%)
Cavities	8 (50%)	14 (58,3%)	2 (20%)	2 (14,3%)
Adenopathy	16 (100%)	20 (83,3%)	8 (80%)	12 (85,7%)
Pleural effusion	0 (0%)	4 (16,6%)	0 (0%)	2 (14,3%)

For a moderate decrease in immunity in CT picture is dominated well- defined nodules and alveolar infiltration (> 80%), cavities- only 50%. With a decrease in CD4 stated reduce the frequency of alveolar

infiltration (up 14.3%), and the cavities. Increasing the frequency of interstitial changes (up 57.1%) and ground-glass nodules (up 42.8%). In all groups, the high frequency of adenopathy (> 80%). Conclusion: With the decline of immunity in HIV-infected TB patients were significantly more manifest atypical CT features.