



Uniqueness of New Modern Methods of Diagnosing Tuberculosis

**Batirova
BarchinoyTajimuxammadovna**

Assistant
Department of Phthisia and Pulmonology
Andijan State Medical Institute
Andijan, Uzbekistan

ABSTRACT

Differential diagnosis of the etiology of phthisis is an urgent problem in phthisiology. The study made it possible to establish, for the purpose of differential diagnosis of leaks, to establish tuberculous etiology, in addition to traditional research methods, use Diaskintest [out of 24, 16 (66.6%) gives a positive result], in patients with a negative and dubious Mantoux test. The performed analysis of discharge from the congestion using the GeneXpert Rif method in patients with a negative smear result by bacterioscopy in 53.5% allows us to detect tuberculosis, and patients with drug-resistant tuberculosis begin adequate complex therapy. The most frequently aggravated complications were tuberculous spondylitis in 34 patients with coxitis in 12 patients and tuberculosis of peripheral lymph nodes in 11 patients.

Keywords:

tuberculosis, sills, Diaskintest, GeneXpert Rif

Relevance: the establishment of the etiology of leaks in the absence of bacterial excretion is a rather difficult problem. The lack of reliable criteria often led to errors when TB patients were treated unreasonably in medical institutions of the general network, and a patient with a different etiology receives unreasonable anti-TB therapy. In this regard, the use of new innovative research methods for the detection of mycobacteria is relevant for practical doctors and phthisiatricians.

Purpose of the study. Most often it is necessary to differentiate between tuberculous and non-tuberculous abscesses, especially with the accumulation of fluid and pus in large mucous bags, with inflammation of a decaying tumor, etc.

Materials and methods of the study: we analyzed 68 case histories and outpatient cards of patients with leaks, examined in the regional anti-tuberculosis dispensary by bacterioscopy and using the GeneXpert Rif apparatus. In addition, these patients underwent a complete clinical, laboratory and instrumental study to identify the etiology of the leaks.

The results of the study and their discussion: bacterioscopically, mycobacteria were not detected in all 68 patients. An analysis of the age-sex structure found that men aged 26-40 prevailed.

Results. In the studied group, residents of the village 43 (63.2%) prevailed. 68 patients underwent a bacterioscopic examination of the discharge from the esophagus, unfortunately, only 12 patients were found to have

Mycobacterium tuberculosis. All patients underwent a comprehensive study, including X-ray examination of the respiratory organs.

In addition, tuberculin diagnostics was performed. In 12 (17.6%) patients, the result of the Mantoux test was negative; in 12 (17.6%) doubtful; 31 (45.6%) had a positive result; and in 13 (19.2%) - the response was hyperergic.

24 patients with negative and doubtful Mantoux test were given Diaskintest, 16 patients received a positive result (the papule ranged from 10 to 16 mm). Thus, the setting of Diaskintest in combination with other studies increases the percentage of detection of tuberculous etiology in the presence of leaks.

Histological diagnosis of tuberculosis was verified in 35 patients (51.4% of the number of biopsies). In 5 people (7.3%), the study of the material did not reveal any changes.

The study of purulent discharge from the esophagus using the GeneXpert Rif apparatus 56 patients in whom CD was not detected bacterioscopically, 30 (53.5%) patients had a positive result, and 4 patients had multidrug resistance, which coincides with the studies of other authors [5, 7].

Only in 4 patients did a comprehensive clinical, instrumental study, radiodiagnosis, as well as the staging of Diaskintest and GeneXpert Rif, the study made it possible to exclude the tuberculous etiology of the congestion.

Analysis of clinical forms of tuberculosis complicated by stools revealed: tuberculous spondylitis - in 34; coxite - 12; tuberculous drives - 9; tuberculosis of peripheral lymph nodes - 11; less often, tuberculosis of the ribs and soft tissues is established - 2.

In addition to tuberculous spondylitis, 9 patients had pulmonary tuberculosis, with disseminated tuberculosis predominating, 4 had HIV infection [3,5,6].

Identified multidrug resistance in 4 patients, these are patients registered for tuberculous spondylitis, who received repeated treatment for spondylitis.

Thus, in patients with esophagus, to establish the etiology of the process, it is necessary to conduct Diaskintest and purulent

discharge from the esophagus using the GeneXpert Rif device, which allows you to quickly exclude or confirm the tuberculous etiology of the esophagus.

Conclusions: the study made it possible to establish, for the purpose of differential diagnosis of congestion, to establish tuberculous etiology, in addition to traditional research methods, use Diaskintest [out of 24, 16 (66.6%) give a positive result], in patients with a negative and dubious Mantoux test. The performed analysis of discharge from the congestion using the GeneXpert Rif method in patients with a negative smear result by bacterioscopy in 53.5% allows us to detect tuberculosis, and patients with drug-resistant tuberculosis begin adequate complex therapy. The most frequently aggravated complications were tuberculous spondylitis in 34 patients with coxitis in 12 patients and tuberculosis of peripheral lymph nodes in 11 patients.

References:

1. V.N. Zimina, F.A. Batyrov, Yu.R. Zyuzya, A.V. Kravchenko, M.V. Toshchevnikov, M.N. Reshetnikov, I.A. infection: features of the course and diagnosis// Infectious diseases, 2012 pp. 45-50
2. Mikhnevich E.A., Artishevskaya N.I., Kruchina N.A. Differential diagnosis of tuberculous coxitis.// Healthcare, 2012, No. 10, C69-72.
3. Poteyko P.I., Krutko V.C., Shevchenko O.C. Tuberculosis of peripheral lymph nodes// Emergency Medicine, 2013, No. 1 (48). pp. 151-156
4. Ratkin I.K., Matulevich A.V., Dolgov S.V. Experience in the treatment of patients with spinal tuberculosis // Siberian Medical Journal, 2017, No. 2, pp. 42-48
5. Ratobylsky G.V., Khovrin V.V., Kamalov Yu.R. Clinical and radiodiagnosis of tuberculosis of the spine at the present stage. Diagnostic and interventional radiology. 2012; 6(1):19-27.
6. Tsybul'skaya Yu.A., Shutikhina I.V. Tuberculosis of the spine: radiation diagnostics. // 2015; 17(12):55-59.

7. Smith L, Larke N, Peters JA, Lawn SD. Diagnostic accuracy of the Xpert MTB/RIF assay for extra pulmonary and pulmonary tuberculosis when testing non-respiratory samples: a systematic review. BMC Infect Dis. 2014;14:709