

The prevalence of chronic pancreatitis in patients with the first diagnosed pulmonary tuberculosis

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Key words: tuberculosis, antimycobacterial therapy, chronic pancreatitis, comorbidity, drug-resistant tuberculosis

Introduction. Tuberculosis (TB) remains a global problem of mankind [6, 10, 11]. In recent years significantly increased prevalence of co morbid somatic disease in TB practice. This creates difficulties for the appointment of treatment requires an individual approach in selecting drugs based probability of side effects and adverse interactions with other drugs. Analysis of available literature sources showed that among patients with tuberculosis himiorezystentnyy (HRTB) in 62.5% of cases detected pathology of the digestive system [10].

An important role in the pathogenesis of the formation as TB and chronic pancreatitis, play a compromised immune homeostasis, especially in patients with pronounced symptoms of exacerbation recurrent and prolonged course [1, 2, 5]. When comorbidity, TV piling on chronic pancreatitis, which creates difficulties in appointing a fullantimycobacterial therapy (Ambt) and reduces the effectiveness of treatment etiotrop [8, 9].

The aim - to estimate the prevalence of chronic pancreatitis in patients with newly diagnosed pulmonary tuberculosis ground.

Materials and methods. A retrospective analysis of 400 cards inpatients with pulmonary tuberculosis who were hospitalized in Chernivtsi oblast and city TB dispensaries during 2012 - 2015 According to the WHO classification by age group surveyed gradation persons distributed as follows: young people working and reproductive age (20 to 44) accounted for 63% of mature age people (45 to 59) - 28% older persons (60 to 74) - 8.25% elderly patients (from 75 to 89) - 0.75%. Diagnosis of tuberculosis established based on H akazu MOH Ukraine number 620 of 09/04/2014 p. "Unified clinical protocols of primary, secondary (specialized) and tertiary (highly specialized) medical care.Tuberculosis in Adults. " The diagnosis of pancreatitis established by Order of the MOH Ukraine number 638 of 09/10/2014 p. "Unified clinical protocols of primary, secondary (specialized) care and rehabilitation. Chronic pancreatitis. "

Assessed general clinical symptoms, these ultrasound of the abdomen, the chest cavity renthendoslidzhennya, complete blood count and biochemical peo of blood (serum total protein, total bilirubin, AST, ALT, urea, creatinine, thymol test indices).

According to a retrospective analysis sample patients were included and attack for the first time di ba n t of Old TB (FDPT) lungs. B ulo allocated to four groups: 1st group consisted of 250 patients FDPT with preserved sensitivity to anti-TB drugs, the 2nd group included 80 patients with multidrug-resistant tuberculosis (DPMS), the 3rd group - 60 patients with MDR tuberculosis (MRTB) in the 4th group became 1 0 TB patients with enhanced resistance (RRTB). Types patients FDPT, MRTB, DPMS and RRTB are representative for age and sex. Per hundred men was most frequent e b t working and reproductive age.

For statistical analysis program data using STATISTICA, version 10.0.228.8 (StatSoft, Inc.). To compare these two groups with normal use rozpydilennyam Student test.

Results. The basic condition for reducing reservoir and reduce transmission of TB infection in Ukraine is the need to achieve high efficiency treatment of tuberculosis patients [4, 7]. Despite the reduction of morbidity and mortality from simple tuberculosis, side effects of antimycobacterial drugs (AMBP) limit of full year TB treatment [7]. Very often they develop in the case of suputno her pancreas pathology. In late comorbidity diagnosis and appropriate treatment of tuberculosis in patients with komorbidnistyu can develop intolerance to AMBP observed rapid development of adverse reactions and, as a result, formed ineffective treatment and recurrence of tuberculosis [9].

Complications Ambt is one of the major reasons for lack of efficacy of chemotherapy because doctors often have to not only change the mode of treatment, but also give up the most effective in respect of Mycobacterium tuberculosis drugs [8 10].

Pankreatotoksychnist brought more than 70 F or drugs. But there is a classification of drugs, for which anti-TB drugs, namely isoniazid and pyrazinamide, are at high risk of recurrence of pancreatitis [3, 12]. Drug chronic pancreatitis rarely by the course of th. This pain may occur or worsen existing on the background of chronic pancreatitis.

Taking into account social well structure of the patients in general, stanovleno that 59% of patients were unemployed working age, 19% - pensioners, 6% were workers, 4%- students, 3% - those who returned from prison and homeless (Fig. 1).

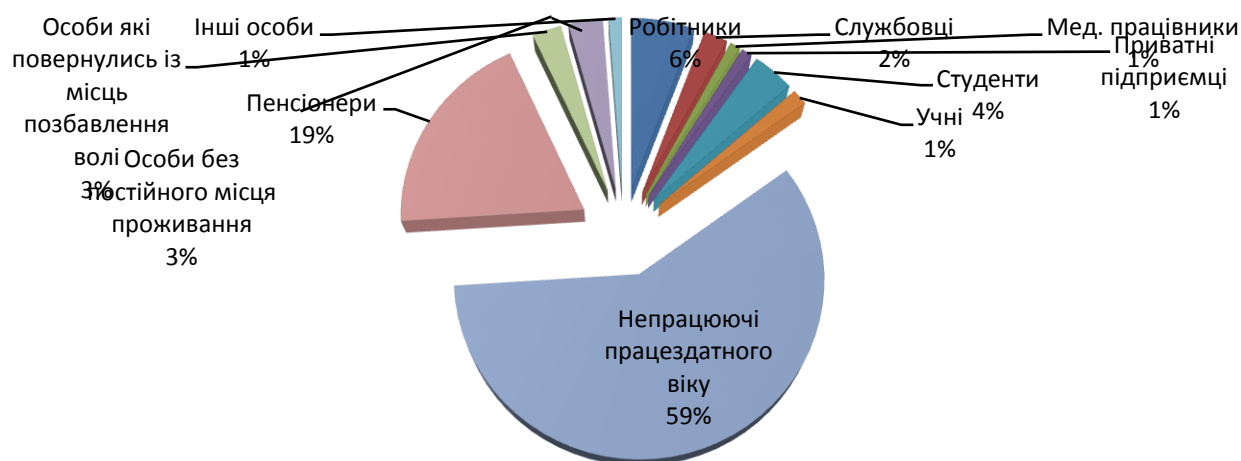


Fig. 1. The social structure of the patients with TB of the lungs.

Analyzing our results on a retrospective analysis of 400 stationary cards, stanovleno that chronic pancreatitis is diagnosed in 22,2% patients first diagnosed and tuberculosis lungs.

Table 1

Prevalence of chronic pancreatitis in patients FDPT and with different sensitivity to anti-TB drugs (M ± m)

Groups of patients	Chronic pancreatitis	
	Abs. (N = 400)	% (100%)
group I	48	19.2
group II	18	22.5
group III	19	31.7
group IV	5	33.3

As seen from the table. 1, in patients with chemotherapy-resistant forms of pulmonary tuberculosis is much more common pancreatic pathology in the amount of - 87.5%. In particular, the prevalence of comorbidity pancreas was set at MRTB - at 31.7%, with RRTB - in 33.3% and 22.5% in patients with DPMS.

In patients with resistant forms of tuberculosis lesions of the pancreas occurs 1.7 times more frequently ($p < 0.05$) (Fig. 2) than patients with susceptible TB.

So, for omorbidnist TV lung with chronic pancreatitis has every reason to be considered in the process of appointment of the treatment of newly diagnosed forms and dynamics of the disease and during Mr. ahlyadu in D "groups - room shkovi effects after cure of tuberculosis.

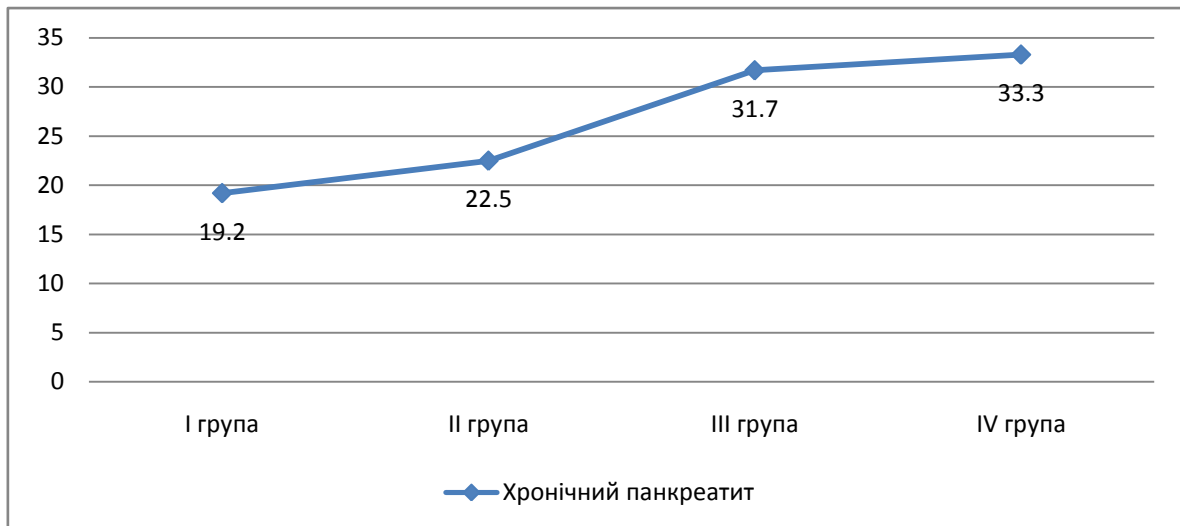


Fig. 2. Prevalence of chronic pancreatitis in obstezhuva these groups.

During the ultrasound in the treatment group Patients were identified following virtually the same type changes in the pancreas and not dependent on the nature pharmacoresistance: changes ehostruktury, echostructure homogeneous, dense or heterogeneous, represented by single echoes of high intensity, which are scattered throughout the parenchyma or in a limited area or represented echoes of high and medium intensity, uneven scattered throughout the parenchyma. Resize, zoom - in progress aggravation; normal - in progress remission. Also found more features: cyst pancreas cancer 0.5% expansion pancreatic duct cancer 19.7%.

The most common clinical complaints in patients with pancreatic cancer were razhennyam discomfort and heaviness in the left or right, the pidrebe 'families, depending on where the cancer lesions, abdominal distension, hiccups and periodic nausea, vomiting rarely at the peak of exacerbation of pancreatitis.

Discussion. Ambt intolerance, adverse reactions in the presence of concomitant pancreatitis FDPT in patients is a major cause of treatment failure and a weak attachment to it. The emergence of interruptions in treatment in the phase formation adverse reactions leading to the development himiorezystentnosti and to increase the prevalence of drug-resistant TB. This situation not only leads to disability, but also contributes to the morbidity, disability and mortality from TB; needs constant increase in financial expenses.

Conclusions. Concomitant's ronichne lesions of the pancreas significantly more common in himiorezystentnomu TV (1.7-fold, $p < 0.05$). Patients with active TB in the lungs through the process of comorbidity pancreas often impossible to fully assign programs antimycobacterial therapy and treatment failure is completed or break. Effective management of comorbidity and monitoring of adverse events is a priority component in terms of providing TB care at all levels of healthcare.

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Despite the reduction in the incidence of tuberculosis, the side effects of antimycobacterial drugs limit the conduction of a complete chemotherapy. They often develop upon comorbid pancreatic lesion.

Analysis has shown that chronic pancreatitis is observed in 22.2% of cases. It is found that lesions of the pancreas occur 1.7 times more often in patients with resistant forms of tuberculosis than in patients with more sensitive forms.

Lack of proper attention to comorbidity from hepato-pancreatic-biliary system leads to the development of adverse reactions to tuberculosis treatment, which in the future may lead to a temporary cancellation of antituberculous drugs, development of drug resistance and ineffective treatment.