Conclusion. The study showed that a low compliance predicted the therapy failure in the patients with and without HIV-associated tuberculosis. Cure efficacy depended on compliance level that should be taken into consideration in the treatment of patients.

Комплайенс у ВИЧ-инфицированных больных туберкулезом

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Новый способ оценки комплайенса апробирован в двух идентичных группах больных туберкулезом легких, включая группу из 35 ВИЧ-инфицированных. Более эффективным оказалось лечение больных обеих групп с более высоким комплайенсом. ■

Some peculiarities of X-ray picture in the HIV-associated tuberculosis patients

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Small pulmonary disintegration develops often at the beginning of tuberculous disease, but is not seen on routine tomography. Cavity detecting is an important problem for HIV-associated TB diagnosis because its significance of pulmonary TB transmission.

Material and methods. The aim of this study is to assess connection between inflammatory «path» and scattering foci and cavity in HIV-associated TB. This randomized controlled trial was conducted on seventy tuberculosis patients. All of them (45 male and 25 female, in the age from 25 to 65 years old) were divided in two similar groups. 35 cases of the base group suffered from HIV-associated pulmonary tuberculosis with quantity of СД4+ about $320 \cdot 10^6$/l. A rest was a control group. The cases were X-ray examined with the help of routine technique and computer tomography.

Results. Descriptive statistics showed that small cavities in the cases of the base group were recognized in 28 persons (80.0 %), and in 24 persons of the 2-nd group (68.8 %; $p > 0.05$). The inflammatory path and neighbor foci have been recognised in 18 (68.8 %) persons of the cavitary cases of the base group and in the 12 persons (50.0 %) of the cavitary cases of the second group ($p < 0.05$). In the multivariate logistic regression analysis, factors that associated with lung cavity in the HIV-associated TB cases were: big size, thin wall, caseous necrotic foci and pronounced infiltration with trend to hilum lymphadenopathy. Besides such clinical manifestations as asthenia, hectic temperature, weight loss occurred more frequently in the HIV-associated TB cases.

Discussion. Data from mice, rabbits and humans suggest a role for tissue-damaging enzymes released from macrophages and neutrophils and the inflammatory effects of tumour necrosis factor, interferon-γ, interleukin-4 (IL-4), and IL-12 in cavity formation. This afflux into the place of tuberculosis inflamation leads to inflammatory tract and bronchial rupture to focie scattering in the lung. These changes can be more pronounced in the HIV-associated tuberculosis patient because of granulomas formation depression.

Conclusion. Inflammatory path and neighber focie syndrom is an indirect proof of an early stage of cavitation and can be recognized more often in the HIV-associated tuberculosis patients that should be taken into consideration filling in the gaps in our knowledge of cavitary tuberculosis disease.

Некоторые особенности рентгенологической картины ВИЧ-инфицированных больных туберкулезом

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Рентгенологический синдром, состоящий из воспалительной «дорожки» и очагов в соседних сегментах, обнаруживали чаще у 35 ВИЧ-инфицированных больных легочным туберкулезом по сравнению с аналогичной группой больных туберкулезом легких. ■