

Тези науково-практичної конференції з міжнародною участю

«Актуальні питання коморбідності при захворюваннях органів дихання та туберкульозі»

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Prevalence of the digestive system comorbidity in patients with sensitive and resistant TB

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Aim. Appreciate the character of the digestive system disorders and severity of toxic hepatitis in drug-resistant TB patients to optimize of complex treatment program.

Materials and methods. Clinical (a collection of complaints, anamnesis, formal and physical examination, questionnaire); laboratory (microscopic, microbiological, CBC & UA, blood chemistry); immunoassays (immunogram, leukocyte index of intoxication); enzyme immunoassays (thyroid gland hormonal profile, thyroid pituitary function, cortisol, C-reactive protein); immunocytochemical (degree of apoptosis in bronchial epitheliocytes, cells proliferative activity); polymerase chain reaction; instrumental radiography (observe & lateral), HRCT, respiratory function, FBS, ultrasound of the abdomen); statistical (parametric & nonparametric methods of variation and rank statistics).

Results. The most typical toxic hepatitis, which developed, as a result of chemotherapy, there are complaints of

discomfort and heaviness in the right upper quadrant for more than half of patients. Dominated symptoms: hepatomegaly – 87 (70.73 %), intoxication – 64 (52.03 %), asthenovegetative – 84 (68.29 %), dyspeptic – 58 (47.15 %), icteric – 53 (43.08 %). Extensive destructive pulmonary TB with toxic hepatitis prevailed in 67.48 % of patients, and with MBT excretion – in 63.41 %. Pulmonary MDR – TB diagnosed in 73.08 % patients. Lowered immunological reactivity was in 76 %. Drug intolerance – observed in 69.11 %.

Conclusions. Risk factors of toxic liver damage for patients with Drug Resistance taking TB drugs are: age over 60 years; albumin concentration in serum – less than 35 g/l; female sex; increase of bilirubin and chronic liver disease endured in a past; positive test for HBsAg; usage large number of drugs according to the standard, including pyrazinamide, alcohol abuse.

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Analysis of drug sensitive tuberculosis treatment outcomes in Kyiv oblast, Ukraine

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Tuberculosis (TB) control remains a significant public health problem in many former Soviet Union countries including Ukraine. In 2011, treatment success rate for newly registered smear and/or culture positive TB cases in Ukraine was 58 % in contrast to WHO proposed target of 85 %. Poor TB treatment outcomes such as treatment failure and default could have a significant impact on TB control as these patients remain infectious and thereby increase risk of TB transmission. We aimed to assess risk factors for poor outcomes in the Kyiv Oblast of Ukraine; these findings can inform future interventions to improve treatment success rates.

Materials and methods. We conducted a retrospective chart review of all adult patients (≥ 16 years) treated for new drug sensitive TB (DSTB) between November 2012 and October 2014 in Kyiv Oblast. We defined composite «poor treatment outcomes» as failure, death, or default during TB treatment and categorized «good treatment outcomes» among patients who were cured or completed treatment. We performed logistic regression analysis to identify baseline predictors of combined poor treatment outcomes.

Results. Among 462 patients who completed treatment for DSTB, 340 (73.6 %) had a baseline DST to confirm their