УДК 616.38-002.5-07:616.24-002.5

Батирова Барчиной Таджимухаммадовна ассистент.
Кафедра Фтизиатрии ва пульмонологии, микробиологии,
иммунологии и вирусологии

АБДОМИНАЛЬНЫЙ ТУБЕРКУЛЕЗ: ТРУДНОСТИ ДИАГНОСТИКИ

Андижанский государственный медицинский институт

Резюме: При разных проявлениях абдоминального туберкулёза отсутствуют специфические клинические признаки туберкулёзного поражения органов брюшной полости. В последние годы абдоминальный туберкулёз встречается всё чаще в практической работе фтизиатров, гастроэнтерологов, хирургов, инфекционистов, врачей других специальностей. Неясность начальных признаков заболевания приводит к поздней диагностике запущенных форм внелегочного туберкулёза и к инвалидности больных.

Ключевые слова: абдоминальный туберкулез, сопутствующие неспеци-фические заболевания, методы диагностики.

Batirova Barchina Tajimuhammadovna assistant.
Department of Phthisiology in Pulmonology, Microbiology,
immunology and virology
Andijan State Medical Institute

ABDOMINAL TUBERCULOSIS: DIAGNOSTIC DIFFICULTIES

Resume: With various manifestations of abdominal tuberculosis, there are no specific clinical signs of tuberculous lesions of the abdominal organs. In recent years, abdominal tuberculosis is found more and more often in the practical work of TB doctors, gastroenterologists, surgeons, infectious disease specialists, and doctors of other specialties. The ambiguity of the initial signs of the disease leads to the late diagnosis of advanced forms of extrapulmonary tuberculosis and to the disability of patients.

Key words: abdominal tuberculosis, concomitant non-specific diseases, diagnostic methods.

Relevance. Abdominal tuberculosis is a specific lesion of the digestive system, peritoneum, lymph nodes of the mesentery of the small intestine and retroperitoneal space. Among other localizations of tuberculosis, abdominal occupies a special place and is one of the most difficult sections of phthisiology [2,8]. The clinical picture of abdominal tuberculosis is polymorphic, pathognomonic symptoms and clear diagnostic criteria are absent, therefore, as a rule, it proceeds under the guise of other diseases of the abdominal cavity and is

detected only in a small part of patients, while the majority remains undiagnosed [1,4,7].

According to statistics, in the structure of extrapulmonary tuberculosis, abdominal is only 2-3%. The frequency of tuberculosis of the abdominal cavity is different. More often (in 70% of the ballroom), mesenteric lymph nodes are affected, less often - the peritoneum (12%). The isolated position of one organ is rare, more often several anatomical structures are involved in a specific process at the same time [2,5,9].

The most recognized classification of tuberculous mesadenitis, proposed by V. G. Shtefko (1937), according to which distinguish caseous, fibro-productive and inductive forms of the disease. The most successful systematization of intestinal tuberculosis is the classification developed by M. M. Alperin (1950), in which asymptomatic, diarrheal, algic, dyspeptic and general intoxication forms of the disease are distinguished. Clinical and morphological classification of tuberculous peritonitis, including tubercular, exudative, adhesive, exudative-adhesive and caseous-ulcerative forms, is generally recognized.

Abdominal tuberculosis has no pathognomonic symptoms. Many symptoms are often found in various somatic diseases. Therefore, the bulk of patients with tuberculosis of the abdominal cavity organs are examined and undergo treatment in the general medical network under various diagnoses, many are operated on according to emergency indications [2,4].

Acute forms of abdominal tuberculosis occur under the guise of acute nonspecific mesadenitis, appendicitis, pancreatitis, intestinal obstruction, Crohn's disease, adnexitis. Chronic forms of tuberculosis of the abdominal cavity organs are often treated for a long time as chronic nonspecific mesadenitis, peptic ulcer disease, chronic enterocolitis, cholecystitis, gynecological diseases [3,6].

Objective: to study the frequency and clinical manifestations of abdominal tuberculosis in patients under conditions of a phthisiopulmonological hospital and to propose an algorithm for its timely diagnosis.

Materials and research methods. For 2016 - 2019 22 patients with newly diagnosed abdominal tuberculosis were treated at the hospital. There were 11 women, men 11. The average age of women was 33.7 years, men - 45 years.

The results of the study. The diagnosis of abdominal tuberculosis was established in most patients on the basis of histological examination after surgery in the general treatment network - 17 (77.3%) people. Surgical treatment was carried out according to emergency indications in 10 people. 6 patients underwent diagnostic procedures (laparotomy or laparoscopy) for increasing ascites. One patient was operated on with a preoperative diagnosis: a uterine tumor.

In 4 patients, the diagnosis of abdominal tuberculosis was established during examination in a specialized tuberculosis hospital: in 2, by the bacteriological method (growth of the MBT in the separated fistula and intestinal mucus), and in 2 others, clinically and radiologically. These patients were in the hospital under treatment for tuberculosis of other localizations.

The time from the onset of the primary clinical manifestations of the disease to verification of the diagnosis of abdominal tuberculosis was highly variable. According to the clinical course of patients can be divided into 2 groups. The 1st group included patients with a long course of the disease with periods of exacerbations and remissions - only 18 people. The average duration of the disease was 12 months; in 2 patients with the development of the disease in a short period (up to 2 weeks) or with a clinic of an acute abdomen against the background of complete well-being (4 people).

The leading complaint upon admission in 16 patients with abdominal tuberculosis was abdominal pain, 10 - symptoms of intoxication were observed (general weakness, severe fatigue, hyperthermia, significant weight loss), 6

patients noted an increase in the abdomen, 3 - pain in the anus, frequent painful stool disturbed 2 patients.

Of the concomitant diseases in patients with tuberculosis of the abdominal cavity organs, one can distinguish chronic hepatitis with transformation into cirrhosis - 2; chronic hepatitis - 1 (4.5%); arterial hypertension - 3 (13.6%); chronic viral hepatitis - 2 (9.5%); peptic ulcer of the stomach - 1 (4.5%); HIV infection - 1 (4.5%); chronic alcoholism - 1 (4.5%).

In almost all patients, several localizations of abdominal tuberculosis were observed. The diagnoses were distributed as follows: tuberculosis of mesenteric lymph nodes - 12 (54.5%), peritoneum - 9 (40.9%), small intestine - 7 (31.8%), large intestine - 4 (18.1%), rectum - 3 (13.6%), omentum - 3 (13.6%), liver - 3 (13.6%), spleen - 1 (4.5%).

Patients noted complications of abdominal tuberculosis such as ascites in 8 people, pararectal fistulas in 2, abdominal abscesses, colonic fistulas, liver abscesses, perforation of a tuberculous ulcer, bleeding from tuberculous ulcers, small intestinal fistula, mesenteric calcification abdominal disease.

In patients with tuberculosis of the abdominal organs operated on in the general treatment network, a significant number of postoperative complications were observed, which was a direct result of the lack of preoperative anti-tuberculosis therapy and led to repeated surgical interventions in 7 people.

Conclusions. The time interval from the onset of symptoms to verification of the diagnosis in patients with abdominal tuberculosis varies significantly and varies from several hours to 7 years.

In the vast majority of patients, the diagnosis was established after surgery in the general medical network.

At present, prevalent forms of abdominal tuberculosis with several localizations prevail.

Abdominal tuberculosis continues to present great diagnostic difficulties for specialists in the general treatment network. Late diagnosis leads to a large

number of complications of both the disease itself and the operations carried out for it.

LITERATURE

1. Kulchavenya E. V. Control of extrapulmonary tuberculosis in Siberia and the Far East / E. V. Kulchavenya // Problems of tuberculosis. - 2008. - No. 9. - S. 16–19.
2. Levashov Yu. N. Extrapulmonary tuberculosis in Russia: official statistics and reality / Yu. N. Levashov, A. Yu. Mushkin, A.N. Grishko // Problems of Tuberculosis. - 2006. - No. 11. - S. 3–6.
3. Skopin M. S. The prevalence of tuberculosis of the abdominal cavity and the features of its detection / M. S. Skopin, F. A. Batyrov, Z. Kh. Kornilova // Problems of tuberculosis. - 2007. - No. 1. - S. 22–26.
4. Sovetova N. A. Modern radiation diagnosis of extrapulmonary tuberculosis / N. A. Sovetova, I. B. Savin, O. V. Malchenko [et al.] // Problems of Tuberculosis. - 2006. - No. 11. - S. 6–9.
5. Ho Pak-Leung, Chim Chor-Sang, Yuen Kwok-Yung. Isolated splenic tuberculosis pre Sentig with pyrexia of unknown origin /01>candJInfec.Diseases. - 2009. - Vol. 32, No№ 6. -
6. Jain Shyama, Kumar Neeta, Jain Satish. Gastric tuberculosis. Endoscopic cytology as a diagnostic tool // KActa cytol. 2010. - Vol. 44, No. 6. - S.987-992.
7. Lal N, Soto-Wright V. Peritoneal tuberculosis: Diagnostic options // Infec. Diseases Obstet. Fnd gynecol. - 2009. -Vol. 7, No. 5. - S.244-247.
8. Rakoto-Ratsimba H.N., Samison L.H., Razafimahandry H.J. C. VultiplicitH des formes cliniques de l, appendicite tuberculeuse: Tes. [16 Journes de la Socit fransaise de chirurgie digestive, Toulouse, 6-6 dc., 2011] // Ann.chir. - 2011. - Voî 126, N ° 9. - S.9'28.
9. Thys C., Bitotwa M., Cornette M. La tuberculose digestive dans le bassin ligeolis // Med.et chir.dig. - 2007. - Vol. 25, No. 8. - S.365-J68.