

PERITONITIS IN PATIENTS WITH PULMONARY TUBERCULOSIS AND HIV/AIDS

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The combination of tuberculosis with HIV / AIDS is especially important at the present time in Ukraine, where their cross-infection is mutual (patients 50% of HIV / AIDS, tuberculosis patients are usually in severe form), and record-high rates of both infections (12 years ago, the incidence of tuberculosis has increased official confinement times, and HIV / AIDS - to 20-fold). At the conclusion of the 4th Congress of Phthisiatrists and Pulmonologists of Ukraine, peculiarities of modern tuberculosis is a significant amount of advanced forms of this disease, the combination of it with HIV / AIDS, as well as the growth of chemo-and antibiotic resistance . This, in turn, reduces the efficiency and quality of care and as a result - an increase in morbidity and mortality.

In Ukraine, the second decade of the epidemic of tuberculosis has risen alongside new cases of AIDS. Despite recent advances in diagnosis and treatment of tuberculosis, the latter received a threatening trend. The incidence of pulmonary tuberculosis in Ukraine soared from 32.0 in the 80s to 84.0 per 100 thousand population in 2010. Up to and including 2010 the number of patients with all forms of tuberculosis has increased from 7% to 10% per year. In the structure of abdominal tuberculosis most commonly affects the lymph nodes of the root of mesentery and bowels. In the bowels, it is diagnosed in 5-10% of patients. Most often the process is localized in the large colon - namely, in the cecum or ileo-cecal segment. Yet we must bear in mind that abdominal tuberculosis is always amassed in several organs, and it imposes a significant impact on the clinical manifestations of disease, and therefore - the diagnosis. The last (diagnosis) is often an insurmountable challenge, resulting in long-term process is not verified. Known data from 4200 autopsies revealed active pulmonary tuberculosis at 4.05%. In this group (170) of patients, a third of them (28,23%) had TB of the colon, divided in the following ways: ileum - 31%, cecum - 21%, ascending - 11%, transverse - 7%, descending - 7%, empty - 6%, sigmoid - 5%, rectum - 2%, appendix - 2%, diffuse lesion - 18%. Other authors give different figures, but the impression of the ileum (83.2%) and blind (87%) remain prevalent. Noteworthy is the frequent failure of mesenteric lymph nodes and peritoneal - 92%, which is found in almost all abdominal forms of tuberculosis. In general, the small intestine is affected in 20 - 91%, and the blind - in 43-87%.

Although the general tuberculosis in most cases is the prerogative of males, the authors found that abdominal localization was often in women (81%). Mostly these were people of reproductive age. Other authors point to lower figures: 55% - 75%. It is important to emphasize that the process is manifest in these patients after delivery or abortion. Therefore, it is believed that these factors were not the cause in patients with abdominal tuberculosis, and precipitating factor in the realization of latent infection running across that "glow" in the majority of the adult population especially in terms of the epidemic.

In patients with perforated ulcers of the small intestine of TB is not a sign of stabbing acute pain, they have not determined the time of perforation and duration of peritonitis in patients with no hard anterior abdominal wall. Patients died after 3 and 6 days after laparotomy because of increasing symptoms of intoxication and the development of multiple organ failure. In HIV-infected patients with pulmonary tuberculosis and peritonitis are no classic signs of perforation of a hollow organ. Laparoscopy, fibro-gastroduodenoscopy, sigmoidoscopy and colonoscopy, radiography, sonography allows early diagnosis of tuberculosis of the abdominal cavity to perform a biopsy of any structures and morphologically verified tuberculosis with its complication – peritonitis in five such patients.