

# THE ROLE OF RISK FACTORS IN THE DEVELOPMENT OF DESTRUCTIVE FORMS OF PULMONARY TUBERCULOSIS

**Zeinul Abdin Ahamed Afzal, Mahanamanam Geegana  
Gamage Harith Akalanka Mahanama, Sheifer V. V.**

Grodno state medical university

Научный руководитель: канд. мед. наук, доц. Шейфер Ю. А.

**Introduction.** Currently, the question of the role of aggravating factors in the formation of tuberculosis (TB) with multiple and widespread drug resistance (MDR and XDR) remains insufficiently studied. Attention is drawn to the presence of contact with bacterial secretions with MDR and XDR, antisocial behavior, the presence of alcohol dependence syndrome (ADS), drug addiction, low adherence to treatment, interruptions in treatment, the use of non-standard regimens, etc [1].

**Aim of the study.** To determine the role of aggravating factors in the development of destructive forms of pulmonary tuberculosis

**Materials and methods.** A prospective cohort study was conducted. 804 patients with active tuberculosis were examined. Depending on the prevailing aggravating factor, the patients were divided into 10 groups. A separate cohort was formed for patients with several significant aggravating factors at the same time, which included 118 patients. The cohort of XDR-TB patients was 180 people. A group of 75 patients with pulmonary TB was isolated from it, who had a combination of ADS and XDR MBT. Statistical processing of the obtained results was carried out using the Statistica for Windows data processing package, version 10.0 and the Excel office application. The result was considered statistically significant at  $p < 0.05$

**Results and discussion.** An analysis of the results shows that in all cohorts of patients, the incidence of decay cavities exceeds that in patients with pulmonary TB without significant risk factors. The difference is 20.7% in patients with chronic nonspecific respiratory diseases (ChNSRD) ( $p < 0.05$ ), ADS – 21.5% ( $p < 0.05$ ), diabetes mellitus (DM) – 25.0% ( $p < 0.05$ ), several factors simultaneously – 24.6% ( $p < 0.05$ ). They make up the absolute majority (77.5%) of the number of people with aggravating factors (groups 2-9) – 77.5%. The nature of the destructive process also has a certain place, in particular the number of decay cavities in the patient. Thus, 2 or more cavities were found in patients without aggravating factors in 18.2% (1 group.) of cases, from contact – in 29.9% ( $p > 0.05$ ), in diseases of the gastrointestinal tract – in 34.6% ( $p > 0.05$ ), with ChNSRD – in 41.1% ( $p > 0.05$ ), with DM – 41.9% ( $p < 0.05$ ), for those who arrived from correctional labor institutions – 43.6% ( $p < 0.05$ ), with ADS – 44.3% ( $p < 0.05$ ), in the presence of several factors – 57.3% ( $p < 0.05$ ). An important factor negatively affecting the clinic and the course of the tuberculosis process is XDR MBT. The frequency of formation of XDR MBT in

the presence of aggravating factors is 23.1% higher than that in patients with their absence (9.3%). XDR MBT is especially common in patients with DM (35.7%) who arrived from correctional labor institutions (35.3%), several factors at the same time (33.9), ADS (27.3%), the difference with group 1 is everywhere significant. Of considerable interest is the question of the effect of XDR-TB in general on the formation of destructive forms of pulmonary tuberculosis. The incidence of destructive forms of tuberculosis was higher than in other examined groups and amounted to 73.9% in 133 patients out of 180. At the same time, 57.1% had 2 or more cavities. In patients with XDR-TB in combination with ADS, the incidence of decay cavities was the highest of the examined groups, amounting to 76.0%

**Conclusion.** The results obtained indicate that the frequency of formation of destructive forms of TB in MDR TB depends on a number of aggravating factors. The most significant in this regard are: DM, several factors at the same time, ADS, for those who arrived from correctional labor institutions, with ChNSRD. The highest incidence of destructive forms (over 70%), reaching 76.0% in patients with XDR-TB in combination with ADS.

#### ЛИТЕРАТУРА

1. Belyaeva E. N., Chernokhaeva I. V., Sapozhnikova N. V., Nazarenko M. M., Starshinova A. A., Yablonsky P. K. Factors predisposing to the development of extensive drug resistance of Mycobacterium tuberculosis / E. N. Belyaeva [ et all] // Medical Alliance. – 2017. – No. 4. – pp. 51–56.

## ОПЫТ ПРИМЕНЕНИЯ ЛАПАРОСКОПИЧЕСКИХ ВМЕШАТЕЛЬСТВ ПРИ КОЛОРЕКТАЛЬНОМ РАКЕ

Абрамова В. А., Логинов А. Ю.

УО "Гродненский государственный медицинский университет"

Научный руководитель: Ногтев В. С.

**Актуальность.** В последние десятилетия наблюдается значительный рост заболеваемости колоректальным раком, что делает поиск оптимальных методов хирургического лечения особенно важным. Среди различных подходов к хирургическому лечению, лапароскопические вмешательства занимают особое место благодаря своим преимуществам перед традиционными открытыми операциями.

Лапароскопические операции при колоректальном раке характеризуются меньшей травматичностью, что способствует более быстрому восстановлению пациентов после операции. Малоинвазивный характер лапароскопии снижает