

## FEATURES OF DIAGNOSIS AND TREATMENT OF PULMONARY TUBERCULOSIS IN HIV-INFECTED

Usmonov I.H.<sup>1</sup>

MD, Head of the Department of "Phthiology and Pulmonology" of the

<sup>1</sup>Bukhara State Medical Institute,  
uisamiddin@bk.ru , 90 3250103;

Kamolov H.U.<sup>2</sup>

Clinical resident of the Department of "Phthiology and Pulmonology" of the

<sup>2</sup>Bukhara State Medical Institute

<https://doi.org/10.5281/zenodo.7151658>

Relevance: HIV-associated tuberculosis – TB (TB/HIV co-infection) is becoming one of the main problems of modern phthiology. Over the past decade, there has been a multiple increase in the number of cases of the disease and high mortality rates among patients of both medical institutions of the state health system and penitentiary institutions [1,8,2,11]. TB is the most common reason for seeking medical care among people living with HIV, including those taking ART. In the late stages of HIV infection, TB is characterized by the predominance of generalized forms, pronounced intoxication syndrome. At the same time, it may be accompanied by a decrease in the frequency of tissue destruction and bacterial excretion [7,3,4,9]. At least a third of the 34 million people living with HIV worldwide have latent TB. For people with a combined TB/HIV infection, the probability of developing TB disease is 21-34 times higher than for those who do not have HIV infection. TB is the most common reason for seeking medical care among people living with HIV, including those taking ART [5,15,18,6]. Materials and methods of research: the work is based on the survey data of 28 HIV-infected patients with pulmonary tuberculosis, of which 3(10.7%) cases had tuberculosis focal pulmonary tuberculosis, infiltrative pulmonary tuberculosis – in 19 (67.9%), disseminated pulmonary tuberculosis – in 1 (3.6%), cirrhotic pulmonary tuberculosis – in 1 (3.6%), tuberculous pleurisy – in 2 (7.1%) and pulmonary tuberculosis – in 2 (7.1%) patients. In the clinical course, cough with sputum was observed in 100.0% of patients, hemoptysis in 5 (17.9%), periodic short-term attacks of suffocation in 7 (25.0%) and severe intoxication syndromes in 21 (75.0%) cases. Mycobacterium tuberculosis was detected in sputum in 25 (89.3%) patients: in 14 (50.0%) cases RIF/S (sensitive) form, in 8 (28.6%) – multi-resistant (MDR-resistant to rifampicin) RIF/R and in 3 (10.7%) - monoresistant form (resistant to isoniazid, and is sensitive to rifampicin).

Results and discussion: the effectiveness of complex treatment has been studied in the period from 3 months to 4 years. The results of treatment depend on adequate anti-tuberculosis and ARV therapy, pathogenetic therapy and compliance with sanitary and hygienic and rehabilitation measures. It should be noted that the psychoemotional state of the patient and moral rehabilitation makes it possible to recover from the disease. Antitubercular treatment was carried out jointly with virologists on the background of ART. It was revealed that molecular genetic methods are a highly effective bacteriological method, since the sensitivity of the methods was 100% in Hain Test and 89.3% in Gene Expert apparatus. Adequate complex therapy leads to an increase in the number of CD4+ cells and a decrease in the human immunodeficiency virus (HIV).

#### Literary list:

1. Isomiddin USMONOV, Umrzok SHUKUROV. (2021). Features of the Clinical Course, the State of Diagnosis and Treatment of Hiv-Associated Pulmonary Tuberculosis in Modern Conditions Literature Review. Annals of the Romanian Society for Cell Biology, 1809–1828. Retrieved from <https://www.annalsofrscb.ro/index.php/journal/article/view/2700>
2. Isomiddin Xaydarovich Usmonov, Nodir Yusufovich Kobilov. (2021). Epidemiology, Clinical Course, Diagnosis and Treatment of Generalized Tuberculosis in Modern Circumstances Literature Review. Annals of the Romanian Society for Cell Biology, 25(2), 3806–3819. Retrieved from <https://www.annalsofrscb.ro/index.php/journal/article/view/1387>
3. Kh U. I., Muazzamov B. R., Jumaev M. F. Features of diagnostics and treatment of drug-resistant forms of pulmonary tuberculosis //International journal of pharmaceutical research. – 2021. – Т. 13. – №. 1. – С. 2484-2489.
4. Парпиева Н. Н. и др. Особенности диагностики и лечения при генерализированных формах туберкулёза //Новый день в медицине. Бухара,(2). – 2020. – С. 424-428.
5. Ismoilovich A. F. Tuberculosis Diagnostics with Modern Solutions (Literature Review) //CENTRAL ASIAN JOURNAL OF MEDICAL AND NATURAL SCIENCES. – 2022. – Т. 3. – №. 3. – С. 377-383.
6. Ismoilovich A. F. Modern Diagnostic Test for Tuberculosis //European Multidisciplinary Journal of Modern Science. – 2022. – Т. 4. – С. 408-412.
7. Aslonov F. I., Rustamova S. A., Raxmonova K. M. Immunopathological aspects in patients with first detected pulmonary tuberculosis //World Bulletin of Public Health. – 2021. – Т. 4. – С. 91-95.

8. Мизробовна, Р. К. (2021). Туберкулез Легких И Сопутствующие Заболевания. Central Asian Journal of Medical and Natural Science, 2(6), 137-144. <https://doi.org/10.47494/cajmns.v2i6.496>
9. Музробовна, Р. К. (2022). Разработка Методов Ранней Диагностики, Лечения И Профилактики Хронической Дыхательной Недостаточности При Туберкулёзе Легких(Обзорная Литературы). Central Asian Journal of Medical and Natural Science, 3(3), 262-272. Retrieved from <https://cajmns.centralasianstudies.org/index.php/CAJMNS/article/view/776>
10. Mizrobovna, R. K. . (2022). Accompanying Diseases of the Respiratory System Pulmonary Tuberculosis. European Multidisciplinary Journal of Modern Science, 4, 244-250. Retrieved from <https://emjms.academicjournal.io/index.php/emjms/article/view/75>
11. Ulugbek o'gli, A. M. (2022). Factors Predicting Mortality in Pulmonary Tuberculosis. Central Asian Journal of Medical and Natural Science, 3(3), 362-367. Retrieved from <https://cajmns.centralasianstudies.org/index.php/CAJMNS/article/view/795>
12. o'gli, Abukarimov Mirzobek Ulugbek. 2022. "Test for Procalcitonin As a Way to Predict Patients With Respiratory Tuberculosis". European Multidisciplinary Journal of Modern Science 4 (March):486-91. <https://emjms.academicjournal.io/index.php/emjms/article/view/119>.
13. Салимовна, А. Г. (2022). Массовый Скрининг Для Выявления Туберкулезной Инфекции У Детей В Возрасте От 2 До 8 Лет. Central Asian Journal of Medical and Natural Science, 3(3), 368-376. Retrieved from <https://cajmns.centralasianstudies.org/index.php/CAJMNS/article/view/796>
14. Salimovna, A. G. . (2022). Diagnosis of Tuberculosis Infection Activity by ELISA and Transcription Analysis Methods. European Multidisciplinary Journal of Modern Science, 4, 492-497. Retrieved from <https://emjms.academicjournal.io/index.php/emjms/article/view/120>
15. Жумаев Мухтор Фатуллаевич СЛОЖНОСТИ ДИАГНОСТИКИ И ЛЕЧЕНИЯ ЛЕКАРСТВЕННО-УСТОЙЧИВЫХ ФОРМ ТУБЕРКУЛЁЗА ЛЕГКИХ // Вопросы науки и образования. 2021. №15 (140). URL: <https://cyberleninka.ru/article/n/slozhnosti-diagnostiki-i-lecheniya-lekarstvenno-ustoychivyh-form-tuberkulyoza-legkih> (дата обращения: 27.09.2022).
16. Jumayev Mukhtor Fatullayevich. (2021). BIOLOGICAL CHARACTERISTICS OF THE CAUSATIVE AGENT OF TUBERCULOSIS IN PATIENTS WITH PULMONARY TUBERCULOSIS. World Bulletin of Public Health, 5, 27-32. Retrieved from <https://scholarexpress.net/index.php/wbph/article/view/368>

17. Akhtamovna, K. N. (2021). Fibrotic Complications in the Lungs in Patients Who Have Had COVID-19 Pathogenesis of COVID-19. European Journal of Life Safety and Stability (2660-9630), 9, 14-24. Retrieved from <http://www.ejlss.indexedresearch.org/index.php/ejlss/article/view/133>
18. Axtamovna K. N. Optimization of methods of treatment of fibrotic complications in the lungs in patients with tuberculosis and covid-19 //Web of Scientist: International Scientific Research Journal. – 2022. – T. 3. – №. 6. – C. 1335-1342.