

Pulmonary Tuberculosis

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Annotation: The disease occurs with the formation of foci of inflammation in the tissues of the lungs and pronounced intoxication of the body. The pathology has been known since early civilizations, when it was popularly called “consumption.”

Keyword: Tuberculosis, immunity, diabetes, complex, Cavernous tuberculosis.

Pulmonary tuberculosis is an infectious disease caused by the Koch bacillus. It manifests itself with various symptoms from cough and hemoptysis to sweating and weakness without signs of impaired lung function. Treatment of tuberculosis is carried out using specific drugs. In difficult cases, surgery may be required.

Causes The main cause of tuberculosis is Koch's bacillus. Mycobacterium was discovered in 1882. It is a slightly curved rod up to 3 nm long and up to 0.5 nm wide. The pathogen is especially resistant to any temperature, humidity, alkali or acid. At the same time, the rods are unable to remain active when exposed to sunlight.

The route of infection for tuberculosis is predominantly aerogenic - with mucus from a sick person during coughing, sneezing, or talking. After drying, any stick on the surface can be carried with dust over a long distance. Contact and transplacental types of transmission are detected much less frequently. Secondary tuberculosis develops both during infection and with a pronounced decrease in immunity and activation of a previously existing infection.

The causes of tuberculosis also include certain risk factors:

- poor social and living conditions;
- deficiency of vitamins in the diet;
- smoking and drug addiction;
- silicosis;
- diabetes;
- pathologies of the immune system;
- renal failure;
- oncology of any localization.

Symptoms of tuberculosis

- Signs of tuberculosis depend on its form.
- Primary tuberculin complex. Manifests itself as a specific inflammatory process in the lungs. In some cases it develops asymptotically. It begins subacutely with a dry cough, fever up to 37.5 degrees, sweating. In the acute course, the symptoms are similar to pneumonia.

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- Tuberculosis of intrathoracic lymph nodes. The clinical picture is determined by compression of the bronchi by enlarged nodes. The pathology is accompanied by a dry cough and lymphadenitis. Common signs include pale skin, dark circles under the eyes, increased fatigue and weight loss. Possible addition of bronchial tuberculosis, pneumonia or pleurisy.
- Focal pulmonary tuberculosis. The clinical manifestations are mild; there may be sputum production, chest pain, and sometimes hemoptysis. Accompanied by apathy, decreased performance, and low-grade fever. With strong immunity, the prognosis is favorable.
- Infiltrating pulmonary tuberculosis. The severity of the clinic depends on the volume of infiltrate. This can be either mild weakness or a severe course like pneumonia. A characteristic symptom of tuberculosis is hemoptysis and cough. As it progresses, the pleura may become involved, which explains the flank pain. The most common complications are pulmonary hemorrhage and pulmonary atelectasis.
- Disseminated pulmonary tuberculosis. It can occur in acute, subacute and chronic forms. It begins with a rise in temperature to 39-40 degrees, headache, irregular bowel movements and increased heart rate. As intoxication increases, delirium and loss of consciousness are possible. In the chronic course there are no symptoms. This increases the risk of developing pneumothorax, bleeding and damage to other organs by Koch's bacillus.
- Кавернозный туберкулез легких. Отличается волнообразным течением. Сопровождается кашлем, кровохарканьем, обильным выделением мокроты. В легких формируются полости или каверны, выстланные фиброзными тканями. При прогрессировании патологии возможна легочная недостаточность 2-3 степени.
- Цирротический туберкулез легких. Рассматривается как результат неполного лечения любой другой формы туберкулеза легких, в результате чего формируется очаг фиброзно-склерозных изменений. Сопровождается заболевание одышкой, болями в груди в области желудка, кашлем с гнойной мокротой и кровохарканьем.
- Туберкулома легких. При данной форме возникает очаг с четкой капсулой в тканях органа. Нередко выявляется случайно за счет бессимптомного течения. При распаде возможно формирование каверн или фиброзного очага. В единичных случаях возможен регресс туберкуломы.

Classification

All forms of tuberculosis can be divided into primary and secondary. The first occurs when infiltration forms in a person without specific immunity. It is often detected in children and adolescents, less often in elderly patients. Primary tuberculosis can occur in the following forms:

- primary tuberculin complex;
- damage to lymph nodes.

The secondary type of pathology occurs either with re-infection or with activation of an old focus. It can take the form of:

- infiltrative form;
- with the formation of caverns;
- in the form of cirrhotic tuberculosis;
- with the formation of tuberculoma.

Separately, it is worth considering coniotuberculosis, which occurs against the background of infection with pneumococci, involving the upper respiratory tract and pleura.

Treatment of tuberculosis



If there are signs of pathology or in contact with a sick person, you should consult a therapist. It is important to remember that the disease does not always cause significant symptoms, so even if there are no signs, it is worth getting tested. If infection is confirmed, tuberculosis treatment will be selected. It includes a whole complex, selected taking into account the existing signs and form of the disease. In case of pronounced symptoms of pulmonary tuberculosis and the presence of forms that are not amenable to conservative therapy, surgery will be prescribed to remove the lesion. After completion of the main course, rehabilitation is carried out, including both the use of restorative drugs and referral to a sanatorium.

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