

## COMORBIDITY OF BRONCHIAL ASTHMA AND TUBERCULOSIS

A.P. Gryshylo

**Abstract**

Bronchial asthma (BA) and pulmonary tuberculosis (TBL) can be considered as comorbid diseases. It should be expected that their combination in one patient will mutually complicate their course, abuse the treatment of such categories of patients, significantly reduce its effectiveness.

The aim of the study was to determine the incidence of asthma in patients with TBL and the effect of BA on the results of treatment of patients with TBL with its combination with asthma.

**Materials and methods.** A retrospective analysis of the materials of the case histories of 2053 patients between the ages of 20 and 60 years with the first diagnosed TBL who were on treatment at the National Institute of Phthisiology and Pulmonology named after F.G. Yanovsky National Academy of Medical Sciences of Ukraine in 2008–2016.

**Results.** The frequency of asthma in patients with newly diagnosed TBL averages 5.4 % with fluctuations over the years of the study within 2.8–7.3 % of cases. Attention is drawn to the high specific gravity (42.8 % of cases) in patients with persistent moderate and severe asthma. In 66.4 % of individuals with asthma on a background of TBL hypersensitivity to inhalant allergens is detected. Exacerbations of asthma in patients with newly diagnosed TBL significantly slow down the timing of stopping bacterial release (after 2 months of treatment, sputum smear was observed in  $(74.3 \pm 4.7)$  % of persons without exacerbations of asthma versus  $(60.2 \pm 5.6)$  % with their presence) and cavity healing destruction in the lungs (after 3 months of treatment in patients without exacerbations of BA, cicatrization of destruction was noted in  $(44.6 \pm 6.7)$  % of persons versus  $(25.3 \pm 3.8)$  % of those examined with exacerbations of asthma).

**Conclusions.** BA and TBL meet the criteria for comorbid diseases. Exacerbations of BA negatively affect the results of treatment of patients with TBL, slowing the timing of cessation of bacterial release and scarring of cavities of destruction in the lungs. The combination of AD and TBL is an important medical and social problem requiring further study and development of appropriate measures aimed at timely diagnostics, effective treatment, prevention of development and further progression of both diseases.

**Key words:** bronchial asthma, pulmonary tuberculosis, comorbidity, hypersensitivity to allergens, results of treatment.

*Theoretical and practical J. «Asthma and Allergy», 2017, 3*

*A.P. Gryshylo, head of the department of nonspecific lung diseases in patients with tuberculosis  
SO «National Institute of Phthisiology and Pulmonology named after F.G. Yanovsky NAMS of Ukraine»  
10, Str. Nikolay Amosov, Kiev, Ukraine, 03038; tel.: +38 (067) 704-91-14; e-mail: gryshylo@ifp.kiev.ua*