

# The role of invasive methods in errors in the differential diagnosis of tuberculosis of the lungs and pleura: clinical examples

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**Conflict of interest:** none

**BACKGROUND.** Differential diagnosis between non-specific diseases of the lungs and pleura and tuberculosis (TB) of these organs is an urgent problem. According to a number of authors, the frequency of false diagnosis of TB is 34-40 %. Difficulties in the differential diagnosis of pulmonary TB (pleura) and non-specific diseases of the lungs and pleura arise in most cases with exudative and caseous inflammation of the lung tissue.

The use of various types of surgical interventions, both diagnostic and therapeutic, provides a greater range of conducting various laboratory tests, especially when this issue may be related to the differential diagnosis of TB. Thus, during surgical intervention, it is possible to obtain biopsy material, which can be sent for pathological, molecular genetic and bacteriological research.

**MATERIALS AND METHODS.** Two clinical cases are presented, in which, due to suspicion of specific inflammation in the lungs and pleura, we used all the above-mentioned methods of laboratory diagnosis of resection biopsy material during surgical interventions.

**CONCLUSIONS.** This approach provides objective morphological and biological detection of Mycobacterium tuberculosis, and also makes it possible to determine the sensitivity to 1st and 2nd line antituberculosis drugs, which ultimately helps to establish the correct diagnosis and prescribe an effective treatment scheme.

**KEY WORDS:** pulmonary tuberculosis, non-specific lung diseases, differential diagnosis, surgical intervention, biopsy material.