

Analysis of some indicators of pulmonary tuberculosis during in-hospital treatment in a highly specialized institution against the background of crisis phenomena in Ukraine

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Conflict of interest: none

OBJECTIVE. Analysis of the dynamics of a number of indicators of pulmonary tuberculosis (TB) during its inpatient treatment after the coronavirus disease (COVID-19) pandemic and in the first 2 years of large-scale military aggression in Ukraine based on clinical and laboratory data from a highly specialized institution (SI “National Scientific Center of Phthisiatry, Pulmonology and Allergology named after F.G. Yanovsky of the NAMS of Ukraine”).

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ОРИГІНАЛЬНЕ ДОСЛІДЖЕННЯ

MATERIALS AND METHODS. The retrospective study included 1356 patients with pulmonary TB, which was verified by laboratory methods. Patients were divided into 3 groups, depending on the year of treatment in the hospital – 2019, 2021 and 2023. A number of indicators were selected for further analysis: the duration of the disease at the time of hospitalization (from the moment of the first diagnosis of TB); the proportion of TB relapses; bacteriological and molecular genetic studies; *Mycobacterium tuberculosis* sensitivity, the number of biopsies and cases with surgical treatment. Preliminary and final clinical diagnoses were also established.

RESULTS. A number of indicators of patients with pulmonary TB, and with inpatient treatment in a highly specialized medical institution for 2019-2023 were analyzed in dynamics. Various changes in them were identified, and the nature of the dynamics of most of these indicators is directly due to both the consequences of the COVID-19 pandemic and the beginning and duration of large-scale military aggression. Nevertheless, positive changes were also noted, in particular those associated with full coverage of bacteriological and molecular genetic diagnostics of patients with TB and with the use of new effective anti-TB drugs and the latest regimens for their administration.

CONCLUSIONS. A constant gradual decrease in the absolute number of patients with pulmonary TB has been established in recent years. At the same time, the proportion of pulmonary TB relapses is constantly increasing. There is full coverage of microbiological and molecular genetic diagnostics of TB of profile patients of a highly specialized institution, which fully meets the requirements of the Standards of Medical Care “Tuberculosis” in Ukraine. There is an underdiagnosis of both pulmonary TB itself and combined TB of the lungs and pleura, mainly due to cases with previously undetermined nature of pulmonary and pleural lesions.

KEY WORDS: pulmonary tuberculosis, diagnostics, treatment.