

DISSEMINATED TUBERCULOSIS OF LUNGS IN MODERN CONDITIONS. IS THERE ANY REASON TO DIVIDE IT INTO ACUTE, SUBACUTE OR CHRONIC?

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Summary

Despite increasing level of respiratory tuberculosis morbidity in Kharkiv area from 1981 to 2005 by 1,62 times, the prevalence of disseminated tuberculosis decreased from 7,9 to 4 per sent.

Analysis of the situation with firstly diagnosed disseminated pulmonary tuberculosis in all the patients (50 subjects), established in 1999–2000 in Kharkiv, effectiveness of its in-patient and late follow-up results in 5 years demonstrated that disseminated pulmonary tuberculosis endured pathomorphism, which worsen the course of disease.

It is obvious that currently there is no sense to select acute, sub-acute and chronic disseminated tuberculosis it has been according to the present instruction "Clinical classification of tuberculosis". After separation of milliary tuberculosis in a separate form, there left no other forms of acute disseminated tuberculosis. And chronic disseminated tuberculosis with recurrent waves of dissemination and distinctive apical-caudal progression is not observed any more due to chemotherapy. We didn't observe it either. Thus there is just one classification form, fit for modern disseminated tuberculosis. It's onset can be asymptomatic, gradual, sub-acute and acute.