

THE PROBLEMS OF THE RELAPSES OF PULMONARY TUBERCULOSIS

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Summary

According to the literature data and the results of own studies it was established, that delay in the diagnosis of pulmonary tuberculosis was due to passive detection of pulmonary tuberculosis cases in Ukraine. In patients with late diagnosis of pulmonary tuberculosis there were extensive residual lung lesions, which were the major risk-factor of relapse of disease. Frequent use of short courses therapy (6–8 months) in order to reach negative sputum smear/culture without consideration of cavern closure served as additional risk factor. The relapses of tuberculosis were in 38 % patients with residual cavities after successful short course chemotherapy. That was 3,7 fold higher than in patients, receiving therapy until the closure of cavities. In order to decrease the rate of relapses it is necessary to continue chemotherapy until negative of sputum smear/culture, closure of cavities and resolution/densification of pulmonary nodules.