

ASTHMA AND TUBERCULOSIS COMORBIDITY: TREATMENT CHALLENGES AND PERSPECTIVE SOLUTIONS

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Abstract

Asthma and tuberculosis comorbidity remains a topical problem of pulmonology and phthysiology nowadays. A decrease of activity of T-lymphocytes, phagocytosis, lymphopoiesis, deceleration of antibody production under the influence of long-term steroid therapy of asthma may lead to superinfection, caused by tuberculosis contact or re-activation of tuberculosis from old lesions. A case of tuberculosis in patients, treated with corticosteroids, is often called «steroid tuberculosis». This form of tuberculosis is characterized by lymphogenic spread of infection and the tendency to formation of massive caseous lesions.

Asthma and tuberculosis comorbidity negatively influences the course and prognosis of both conditions, significantly compromising the effectiveness of therapy. The need to decrease a dose of corticosteroid to reduce the risk of tuberculosis is frequently opposed by the development of severe exacerbation of asthma.

The authors of current review consider the benefits of low-dose inhaled corticosteroid medication Flutixon (Adamed, Poland), which contains fluticasone propionate, delivered via new generation inhaler Cyclohaler.

Key words: asthma, pulmonary tuberculosis, comorbidity, aerosol dispersion, fluticasone propionate.

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