

MORPHOLOGICAL ASPECTS OF SURGICAL TREATMENT IN PATIENTS WITH DRUG RESISTANT PULMONARY TUBERCULOSIS

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Abstract

The aim of the study was to substantiate the optimal time of surgical intervention and the volume of lung resection based on the comparison of the radiographic and morphological characteristics of the tuberculosis process.

Materials and methods. 120 patients with microbiologically verified pulmonary multi-drug resistant tuberculosis (MDR TB), who underwent lung surgery at surgical clinic, were examined. Clinical-radiological forms, the prevalence of TB lesion according to the X-ray picture, as well as the duration of preoperative chemotherapy with the morphological manifestations of a TB process, the macro- and microscopic boundaries of its distribution, and also the indices of its activity by morphological features were compared.

Results and conclusions. It was established that the clinical and radiological data characterizing the tuberculosis lesion are fully confirmed by the results of morphological studies. In this connection the indication for surgery in patients with pulmonary MDR TB should be based on the assessment of the dynamics of clinical and X-ray indicators of the TB, in addition to the bacteriological data. X-ray appearance in the course of treatment, makes possible to control the formation of irreversible morphological changes in the affected lung. Adequate sanitation of the TB process can be achieved only if the damaged structures of the lung are removed both in limited and advanced processes within intact tissues, taking into account the morpho-functional anatomy of the lung. As with disseminated and limited tuberculosis lesions, in the vast majority of cases, the activity of the disease is preserved, including the cases without clinical and bacteriological signs, making the basis for determining indications for surgical treatment for the diagnosis of residual tuberculosis changes after completion of treatment. Based on the dynamics of the morphological signs of the activity of the TB process, the possibilities of assessing clinical and radiological dynamics, the optimal period for the operation should be considered a period of 7-12 months from the beginning of antituberculous therapy.

Key words: MDR TB of lungs, surgical treatment.

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