



CLINICAL-DIAGNOSTIC FEATURES AND COMPLEXITY OF TREATMENT IN THE COMORBID COURSE OF PULMONARY TUBERCULOSIS AND MALIGNANT TUMORS

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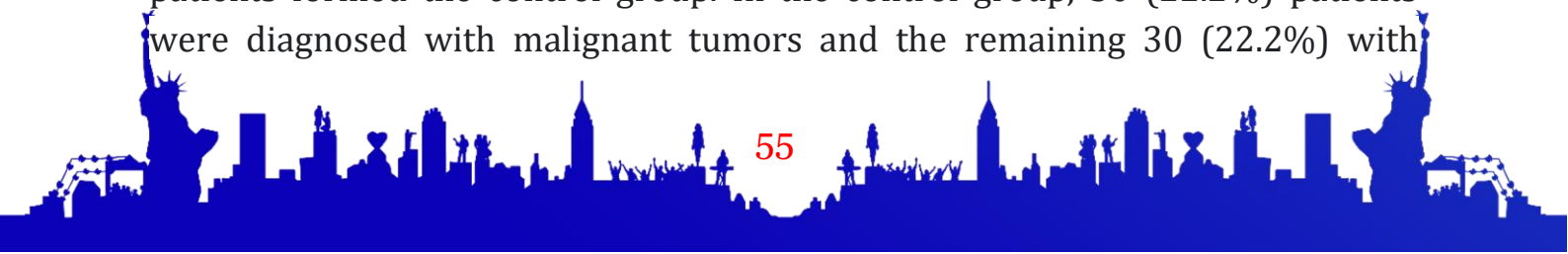
An oncologist diagnoses tuberculosis and oncological diseases, each clinician has a clear form of the disease development, an epidemiologist treats it and treats it adequately.

In this regard, mycobacteriology of tuberculosis and risks include the study by a biologist of the exact characteristics, specific pathogens and tuberculosis, means of precise exposure, specific characteristics diagnosed by modern molecular geneticist, immunohistochemical methods at the same time, as in the case of epidemiological and sanitary-epidemiological measures, the effectiveness of such studies is of particular importance for the profession, especially for the treatment of tuberculosis and related diseases.

Purpose: to improve the effectiveness of diagnosis and complex methods of treatment in the treatment of patients with comorbid pulmonary tuberculosis and malignant tumors

Materials and methods: analysis of the medical history of 135 patients with comorbid exposure to malignant tumors and pulmonary tuberculosis treated in stationary conditions. as pulmonary tuberculosis, comorbid in combination with malignant tumors and pulmonary tuberculosis is a malignant tumor from which, in order to achieve positive results in the treatment of malignant tumors and pulmonary tuberculosis, all methods of diagnosis, treatment and sanitary-epidemiological norms were used, in which, in principle, ("rules of infection control"), bacteriological (bacterioscopy, sowing and molecular-genetic), morphological (cytological, histological, immunogistochemical) and modern methods of, MRT, positron emission tomography) materials taken.

Results: 75 (55.6%) patients with comarbid combined with poor quality tumors and pulmonary tuberculosis formed the main group, while 60 (44.4%) patients formed the control group. In the control group, 30 (22.2%) patients were diagnosed with malignant tumors and the remaining 30 (22.2%) with





pulmonary tuberculosis. 75 (100%) patients - in 47 (62.7%) cases-were found to be sanitized-epidemiologically high-risk for those around them, meaning that patients were isolating the *Mycobacterium tuberculosis*.

31 (41.3%) of patients were hospitalised directly at an oncological facility, while the remaining 44 (58.7%) patients received inpatient treatment at a phthisiatric facility.

TBM was found to be positive in 7 (22.6%) of the 31 patients who were admitted to the oncological institution in primary, with the presence of tuberculosis in the lungs confirmed in 3-24 days, on average in 8.9 days. In patients undergoing treatment with pulmonary tuberculosis in a phthisiatric clinic, the diagnosis of a poor-quality tumor was confirmed in 8-27 days, on average 14.6 days. Focusing on the above data, patients with pulmonary tuberculosis are admitted to an oncological institution - patients with active-form tuberculosis with TMB separator in $22.6 \pm 2.3\%$ of cases-to the stationary, and patients with poor-quality tumors in the oncological stationary have a very high risk of transmission of the tuberculosis process to patients who received polycymotherapy, radio therapy (light),

In 17 (22.7%) cases out of 75 (100%) patients, no specific anti-tumor treatment was carried out, but symptomatic treatment was carried out in order to improve the quality of life. 58 (77.3%) patients were treated against the tumor in the oncology station. Patients were treated according to the standards established in the treatment of algae and OATB, with 47 (62.7%) patients being allocated TMB, a special procedure was established for such a category of patients.

Of the 47 (100%) patients who secreted TMB - 39 (83.0%) had a tumor treatment, as 8 (17.0%) had a symptomatic treatment, as the disease was in a late stage. In 12.1% of patients, polycymotherapy treatment was started in the oncological institution before the treatment for tuberculosis, in 39.7% 10-day and in 15.5% of patients 15-day anti-tuberculosis treatment was carried out, followed by courses of anti-tumor treatment against the background of the treatment for tuberculosis. The anti-tumor treatment was continued in a special oncological hospital by isolating the MBT separator patient from the surrounding area to a separate room with anti-tuberculosis drugs.

Conclusion: the use of measures such as correcting the infectious control – sanitary epidemiological situation in the treatment of patients who actively secrete moss+grass comorbid, the patient isolates the patient from those around him, the patient's sleeping room is quarsized 2 times a day, the room equipment





is treated 2 times a day with a 0.5% chlorine solution, the patient and the medical worker

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