



THE EFFECTIVENESS OF THE UNIVERSAL UROLOGICAL QUESTIONNAIRE IN THE SCREENING OF UROLOGICAL PATHOLOGY IN PATIENTS WITH TUBERCULOSIS

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ABSTRACT

In recent years, special attention has been paid to the consequences of the negative impact of urological diseases on the health of the population in the world.

Determining the true prevalence of urological diseases requires an assessment of the hidden urological morbidity. To solve this problem, a targeted survey of the population is more informative, rather than an analysis of data on its use of medical care. This is due to the fact that appealability depends on many factors, such as the development of infrastructure and medical care, its availability, general and medical culture, habits, customs and mentality of the population, which affect its medical activity. Due to the prevailing climatic and environmental conditions, Bukhara region occupies one of the leading places in terms of urological morbidity, in particular, urolithiasis (Urolithiasis).

Keywords: urolithiasis, tuberculosis, analyzes, population.

The incidence of urolithiasis in the Bukhara region in 2016-2017 amounted to 147 - 155 cases per 100 thousand of the population per year, with an average republican value of 60 cases per 100 thousand of the population.

As a matter of fact, improvement of existing, search for new, effective forms and methods of treatment and prevention of urological diseases, including in patients with tuberculosis, is of particular importance due to the need to improve the quality of life and reduce disability.

The purpose of this study is to study the incidence and structure of urological pathology in patients with tuberculosis in an arid zone.

MATERIAL AND METHODS

To achieve this goal, 421 patients with various forms of tuberculosis were examined. There were 159 men, 262 women, the age of the patients ranged from 18 to 72 years.

We used a universal urological questionnaire developed by the Department of Urology of the Tashkent Medical Academy. The questionnaire included questions regarding the symptoms of the lower urinary tract, urinary tract infection, urinary incontinence, pathology of the male genital area.

In addition, the pilot testing of the universal questionnaire was previously conducted among patients who applied to the treatment and diagnostic department of the Republican Specialized Scientific and Practical Medical Center of Urology (RSNPMCU), which showed its high information content.

The information obtained was documented using specially developed examination cards, where the data of an objective examination, the results of ultrasound scanning (USS) and data of urine analyzes were entered. All the data obtained were entered into a specially developed computer program for subsequent statistical processing and accounting.

The procedure for conducting the survey was as follows: after completing the survey and filling out the questionnaire, they proceeded to an external examination, paying attention to the condition of the skin, the presence of skin scars, which could indicate injuries and operations suffered in the past.

For the screening of urolithiasis, the signs of the disease were identified, allowing to obtain reliable data on its prevalence. These signs include:

- history data, taking into account operations or other interventions undertaken to remove stones or their spontaneous passage;
- stones of the kidneys, ureters and bladder, diagnosed by USS;
- crystals of salts in the cavities of the kidney, detected by ultrasound, found in the urine sediment by microscopy, which is considered a sign of pre- or microlithiasis.

When analyzing the USS data of the urinary system, attention was paid to morphological changes in the calyx-pelvic system and renal parenchyma (hydronephrosis, hydrocalicosis, cystic formations, tumors, etc.), signs of stones and conglomerates of salts were noted in the renal cavities.

When examining urine, special attention was paid to microscopic indices, pH. The latter indicator was singled out especially when assessing the conditions for the formation of crystals, and when determining preventive measures.

Additionally, microscopy of urine sediment was necessary for the detection of urinary crystals, determination of their mineral identity and quantity. The diagnosis of crystalluria was justified when <3 crystals in 1 µl of urine were found in the counting chamber, which corresponded to 104-105 or more in 1 ml.

The following criteria served as the basis for the diagnosis of urinary tract infection (BMI):

- the presence of symptoms of BMI, determined by the universal questionnaire;
- leukocyturia and bacteriuria, detected by urine microscopy.

Clinical, radiological and microbiological data on mycobacterium tuberculosis (microscopy of urine and pathological material according to Ziehl-Nielsen, inoculation on solid and liquid media and the GenXpert method) served as the basis for the establishment of genitourinary tuberculosis (MT).

RESEARCH RESULTS

As a result of the examination of 421 patients with various forms of tuberculosis, urological pathology was revealed in 80 patients, which was 19% of the examined patients.

As the analysis of the structure of the identified urological pathology showed, 22 (27.5%) patients had urinary tract infection, 17 (21.2%) had benign prostatic hyperplasia, 18 (22.5%) had urolithiasis, 8 (10 %) - various forms of urinary incontinence, and in 15 (18.7%) - various forms of urinary tuberculosis.

The clinical forms of tuberculosis and the identified urological pathology of these patients are presented in Table 1.

E-ISSN NO:2349-0721

Table 1

Revealed urological pathology depending on the form of pulmonary tuberculosis

Urological pathology	Clinical forms of pulmonary tuberculosis							
	Infiltrative		Focal		Disseminated		Fibro-cavernous	
	Abs.	%	Abs.	%	Abs.	%	Abs.	%
BMI, n = 22	8	36,4	6	27,3	8	36,4	-	-
BPH, n = 17	7	41,2	8	47,1	2	11,7	-	-
ICD, n = 18	6	33,3	4	22,2	5	27,8	3	16,7
Urinary incontinence, n = 8	2	25	2	25	1	12,5	3	37,5

MPT, n = 15	5	33,3	2	13,4	5	33,3	3	20
Total, n = 80	28	35	22	27,5	21	26,3	9	11,2

According to the table, urological pathology was detected in all clinical forms of pulmonary tuberculosis, but more often in infiltrative forms - up to 35%.

CONCLUSION

The clinic of tuberculosis and the effectiveness of its treatment, including pulmonary tuberculosis, is largely determined by the presence of intercurrent diseases that aggravate a specific process and complicate its treatment.

The incidence of concomitant pathology in patients with pulmonary tuberculosis ranges from 80% to 100% [1; 2; 3].

Furthermore, the clinical structure of newly diagnosed extrapulmonary tuberculosis in men and women also differs: in men, osteoarticular tuberculosis (45.1%) predominates, in women - tuberculosis of the genitourinary organs (34.4%).

The peak incidence of genital tuberculosis in women falls on 25-34 years, decreasing to sporadic cases in postmenopausal women [4].

So that, the use of a universal urological questionnaire made it possible to carry out screening to identify urological pathology and showed its high information content among tuberculosis patients.

The data obtained indicate a high proportion of comorbid urological pathology in this category of patients, which undoubtedly requires special treatment tactics.

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