

**MODERN METHODS OF DIAGNOSIS OF TUBERCULOSIS IN THE ELDERLY AND  
SENILE**

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**Summary:** Among the elderly and old people, men prevail, aged 65-74- 53.8%, mainly residents of rural areas. The main method of detection is X-ray examination during inpatient treatment, a total of 12 patients were identified during preventive fluorographic examination. This is due to the fact that most patients refuse to be examined in a polyclinic and are treated mainly in private hospitals where there is no X-ray machine, in this regard, this contingent remains out of the field of view of therapists. From these positions, it is necessary for doctors of private hospitals and polyclinic doctors, mandatory X-ray examination is necessary.

**Keywords:** tuberculosis in the elderly, Diaskintest, GeneXpert Ref (real-time PCR), clinical forms of tuberculosis, treatment effectiveness.

**Relevance:** tuberculosis in the elderly has tended to increase in recent years, and tuberculosis in these patients is detected late. The incidence and mortality of tuberculosis at this age is significantly higher than in other age groups. Bacterial excretion is very often found in the elderly, which creates an epidemiological danger for those around them, especially children and adolescents. All this creates a problem for phthisiologists and polyclinic therapists.

**The purpose of the study:** to study methods for detecting tuberculosis in the elderly in a polyclinic, the features of the clinical course of tuberculosis and the importance of new innovative research methods for earlier detection of tuberculosis.

**Research materials and methods:** we analyzed 67 medical records of elderly people who received treatment at the Andijan tuberculosis dispensary. 18 outpatient records of patients who had tuberculosis excluded prior to the examination. All patients underwent traditional methods (general blood analysis, sputum for CD by bacterioscopy and culture, X-ray, biochemical studies and Mantoux sampling with 2 TE).

**The results of the study and their discussion:** the distribution of patients by gender and age revealed that there were 28 women and 39 men. The patients were distributed by age from 55 to 64- 13(19,4%); 65-74- 36(53.8%); 18 (26.8%) patients were older than 75, i.e. more than half of the patients were aged 65-74 years. Rural residents prevailed -38 (56.7%). By studying the anamnesis of the disease, the onset of the disease and the stages that the patient went through before admission to the tuberculosis dispensary were clarified. Analysis of the structure of clinical forms revealed: infiltrative tuberculosis in 50 (75%) patients (moreover, the process was widespread in 28, more than 2 lobes and disintegration were detected in them, bacterial excretion was detected by bacterioscopy in 22, in 6 a study using a GeneXpert Rif device, and in 2 a multidrug resistance was detected). Disseminated tuberculosis was the next most common in 8 (12%) patients, followed by fibrous-cavernous tuberculosis in 3 and focal tuberculosis in 6 patients. Bacterial excretion was detected in 32 patients by bacterioscopy and 11 by GeneXpert Rif real-time PCR, with 7 (10.4%) patients having multidrug resistance. Upon admission to the hospital, the condition of 40 patients was assessed as satisfactory, 12 relatively satisfactory, 9 of moderate severity, and 6 severe. In the group of patients with satisfactory and relatively satisfactory condition, the symptoms of tuberculosis were mild, and prolonged subfebrility,

weakness, and lack of effect from treatment were the reason for X-ray examination. The paucity of clinical symptoms, inadequate assessment of their well-being, leads to the fact that patients do not go to the clinic. In moderate to severe condition, these patients were admitted to a therapeutic hospital with symptoms of bronchopulmonary disease, the most common diagnosis in the elderly is chronic obstructive bronchitis in the acute phase and community-acquired pneumonia.. The discrepancy of clinical symptoms (poor auscultation picture, prolonged cough (more than a month), shortness of breath, weight loss, weakness led to an X-ray examination followed by bacterioscopic examination for Mycobacterium tuberculosis. All patients received a Mantoux test, which was negative or doubtful in 36 patients. Hyperergic reactions were not observed. A group of patients with negative and questionable Mantoux test results with 2 TE was given a Diaskintest. The results were: negative test - in 4, doubtful – in 8, in the remaining 24 (66.6%) patients the result was positive (papule up to 10mm - 19, up to 15 mm – 13 to 20mm- 5). Thus, Diaskintest in elderly patients is a more informative research method than the Mantoux test with 2TE. A comparative analysis of the relationship between the results of the Diaskintest and the clinical forms made it possible to establish that negative and questionable results were obtained in patients with limited processes (focal, infiltrates of small extent and without disintegration). Papule 15-20 mm, was observed in patients with pronounced infiltrates (a 2-sided process, with the disintegration of the lung parenchyma, the presence of large caseous foci of screening). The intensity of the response to Diaskintest depends on the volume of the lesion and the severity of the caseous-necrotic inflammation. Depending on the result of drug sensitivity, 58 patients started standard therapy according to WHO recommendations with basic drugs. 9 patients with multidrug-resistant mycobacteria were also treated according to WHO standards for this category of patients. The presence of many concomitant diseases makes it difficult to carry out treatment, therefore, along with antibacterial drugs, adequate symptomatic therapy is carried out under the supervision of a therapist. Nevertheless, in 21 patients, despite the ongoing symptomatic therapy, drug intolerance was observed. Allergic reactions were observed in 9 patients, the toxic effect of nausea and vomiting was in 11 patients and 1 patient had an increase in transaminases, drugs were discontinued, antiallergic and detoxification measures were carried out in 16 patients, subsequently the drugs were restored, 5 patients were prescribed alternative treatment without the drug that caused tolerance.

**Conclusions:** among the elderly, men predominate, aged 65-74- 53.8%, mostly residents of rural areas. The main method of detection is X-ray examination during inpatient treatment, a total of 12 patients were identified during preventive fluorographic examination. This is due to the fact that most patients refuse to be examined in a polyclinic and are treated mainly in private hospitals where there is no X-ray machine, and therefore this contingent remains out of the field of view of therapists. From these positions, it is necessary for doctors of private hospitals and polyclinic doctors, mandatory X-ray examination is necessary.

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