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LUNG CANCER IN COMBINATION WITH PULMONARY TUBERCULOSIS FEATURES OF THE CLINICAL PICTURE AND MORPHOLOGY

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Abstract: The combination of tuberculosis and lung cancer has long been considered a controversial problem and is of interest to both clinicians and pathologists. The relationship between the two diseases still remains unresolved and controversial. Some authors [1,3,4] believe that pulmonary tuberculosis in most cases precedes cancer, being an important etiopathogenetic moment in the development of bronchocarcinoma. Others are cautious about the role of tuberculosis changes in cancer development, suggesting that tuberculosis and cancer develop independently [5].
Keywords: cancer, lung, morphology, tuberculosis.

Introduction. The authors agree that tuberculosis and lung cancer coexist well. Attention is drawn to the frequent development of cancer in the area of residual changes after tuberculosis. With the increasing frequency of combination of cancer and tuberculosis of the lung, with the improvement of diagnostic methods, more and more scientists suggest that post-tuberculosis sclerotic changes create conditions for the development of lung cancer. In the literature, various combinations of cancer and tuberculosis are cited, such as cancer in the rumen, cancer that developed in the tuberculosis cavity, cancer around tuberculosis [1,2,7]. It should be noted that difficulties often arise in the differential diagnosis of the two diseases. More than 22% of lung cancer patients are mistakenly diagnosed with tuberculosis. True differential diagnostic difficulties arise when the clinical picture is erased, there is no Mycobacterium tuberculosis in the sputum, and an uncharacteristic X-ray picture [5,6,8]. Materials and methods: A combination of cancer and various forms of tuberculosis was observed in 60 patients in the surgical department of the Voronezh Regional Tuberculosis Dispensary from 2017 to September 2021. The control group consisted of 50 patients who were diagnosed with only lung cancer in the period from 2017 to September 2021. The main contingent of patients is men. The average age in the first group was 56 years, in the control group - 59 years. Cancer was verified morphologically in all patients. When examining patients, the following diagnostic methods were used: X-ray, endoscopic (fibrobronchos copy), cytological examination of sputum, the presence of Mycobacterium tuberculosis in sputum was determined by the luminescent method and by seeding. Results and discussion: The duration of tuberculosis disease before the diagnosis of lung cancer varied, ranging from 1 to 15 years, with an average interval of 4 years. When analyzing the data obtained, the combination of tuberculosis and S. A. Grigorenko's lung cancer was dominated by the infiltrative form of tuberculosis - 31 patients (52%), and in 6 cases (10%) the cancer developed in the same lobe of the lung. Focal tuberculosis was detected in 10 patients (17%), in 5 patients (8%) in the same proportion, disseminated tuberculosis-in 3 (5%), fibrocavernous tuberculosis - in 1 (2%), tuberculosis in 3 (5%) patients, primary tuberculosis complex in 1 patient. A combination of active tuberculosis and lung cancer was found in 49 (81%) patients. In 11 (19%) cases, lung cancer developed on the background of clinically cured pulmonary tuberculosis. The number of patients observed in groups I A and I B of DU was equal: 19 patients (64%), 11 patients (18%) in group III of DU, 5 patients (8%) in group II of DU, and 6 patients (10%) in group II of DU. Among 60 patients in group 1, squamous cell carcinoma prevailed in terms of histological structure. It occurred in 27 patients (45%), it should be noted that in 19 (32%) patients in combination with an infiltrative form of tuberculosis and in 8 (13%) cases with a focal form.

Adenocarcinoma was detected in 14 (23%) cases, 8 of them (13%) in combination with infiltrative tuberculosis, small cell cancer was detected in 5 (8%) patients, and one patient had large cell cancer. Tumors were diagnosed in the right lung in 36 (60%) patients, and in the left lung in 21 (35%). In 2 cases, metasynchrono cancer was detected, and one patient had lung carcinomatous is without a primary focus. According to cancer stages, patients were ranked as follows: the leading place was occupied by 26 (43%) patients with stage II, 16 (27%) patients with stage III, 11(18%) patients with stage IV, and 7 (12%) patients with stage I. Here is our observation. Patient M. born in 1953 was admitted to LHO 1 VOKPD on 2.11.1995. In 1994. disseminated pulmonary tuberculosis with MBT (+) disintegration was detected, and after the treatment, the resorption and compaction phase was achieved. Bacillus secretion stopped. X-ray examination in 1995 revealed a rounded lump in the middle lobe of the right lung. I didn't file any complaints when I received them. The department clarified the diagnosis-Peripheral cancer of the middle lobe of the right lung of stage II T3T0M0. Disseminated pulmonary tuberculosis phase of resorption and compaction of MBT (-) I A gr. DU. During bronchoscopy: bronchi without significant pathology. After preoperative preparation on 6.02.95, a resection of the middle lobe of the right lung was performed. Histological diagnosis: low- grade adenocarcinoma. There are no metastases to the l/nodes. After surgery, there was increased serous exudation into the right pleural cavity. Wound healing by primary tension. At the control radiography , the right lung is fully expanded, and the pneumatization is satisfactory. The dome of the diaphragm is deformed by adhesions in the lower lobe of fibrosis bullae, and numerous small intense foci. On the left - no special features. Received during hospitalization: tubazid-79.2, pyrazinomide-97.5, kanamycin-59.0. At discharge, blood counts are within the normal range. In the group of patients with only a diagnosis of lung cancer, 23 (46%) out of 50 patients had stage II of the disease, 20 (40%) had stage III, I and IV had 2 (4%) patients each. The number of patients with squamous cell lung cancer was 26 (52%), histologically confirmed adenocarcinoma was in 11 (22%) patients, small cell cancer was detected in 3 (6%) patients, large cell cancer in 2 (4%), two patients were diagnosed with lymphosarcoma and light cell cancer. Both in the first and control groups, there were more patients with central lung cancer - 35 (58%) and 28 (56%), respectively. Peripheral cancer was diagnosed in 22 (37%) cases in the first group and in 18 (36%) cases in the second group. Radical surgical treatment for lung cancer in the first group of patients was possible in 26 patients, which was 43%, in the second group in 36 patients, which was 72%. In 25 patients with a combination of cancer and tuberculosis of the lung, it was impossible to conduct surgical treatment, due to severity of the condition and prevalence of the tumor process. **Conclusions**: 1. The occurrence of lung cancer in the eponymous lobe affected by the tuberculosis process, according to our material, was 18%. 2. The combination of lung cancer patients with infiltrative tuberculosis prevails over the number of patients in combination with other forms of tuberculosis. 3. The number of patients with advanced-stage IV lung cancer was higher in the group of patients in combination with tuberculosis. 4. Co-existing tuberculosis and lung cancer aggravates the condition of patients and often does not allow them to conduct all the necessary studies and perform routine surgical treatment.

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