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**PECULIARITIES OF DIFFERENTIAL DIAGNOSIS OF TUBERCULOSIS
IN CHILDREN WITH CHLAMYDIAL AND MYCOPLASMAL
PNEUMONIA**

Summary. Investigated 87 patients with children referred to the regional TB dispensary for the differential diagnosis of tuberculosis, held the traditional methods, as well as IFA (immune ferment analysis) with diagnosis of tuberculosis antigen in 60 patients the results were positive. 27 patients were examined further bacteriological method and GeneXpert to detect mycobacterium tuberculosis. After a negative result conducted Chlamydia and Mycoplasma antigens in 17 identified in 13 chlamydia mycoplasma.

Keywords: tuberculosis, diagnosis and differential diagnosis, immune ferment analysis with tuberculosis, chlamydia and mycoplasma antigens, detection of Mycobacterium tuberculosis by GeneXpert

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**ОСОБЕННОСТИ ДИФФЕРЕНЦИАЛЬНОЙ ДИАГНОСТИКИ
ТУБЕРКУЛЕЗА У ДЕТЕЙ С ХЛАМИДИЙНОЙ И МИКОПЛАЗМНОЙ
ПНЕВМОНИЕЙ**

Резюме. Исследовано 87 больных детей, направленных в областной противотуберкулезный диспансер для дифференциальной диагностики туберкулеза, проведены традиционные методы, а также ИФА(иммуноферментный анализ) диагностика с туберкулезным антигеном, у 60 пациента результаты были положительными. 27 пациентов обследовали далее бактериологическим методом и GeneXpert для выявления микобактерий туберкулеза. После получения отрицательного результата проведен ИФА с хламидийным и микоплазменными антигенами, у 17 выявлены хламидии, у 13- микоплазмы.

Ключевые слова: туберкулез, диагностика и дифференциальная диагностика, иммуноферментный анализ с туберкулезным, хламидийным и микоплазменными антигенами, выявление микобактерий туберкулеза методом Genexpert.

Relevance. A general practitioner quite often HAVE to diagnose and make differential diagnosis outside of hospital-acquired pneumonias, in the structure of which chlamydial and mycoplasmal pneumonias predominate [1,2,4]. It is generally accepted that in recent years the role of chlamydia and mycoplasma in respiratory pathology of adults and older children has increased markedly, but information on their significance in young children is rather contradictory. So, according to K.A. Okhlopkova [3], Chlamydophila pneumoniae, which is associated with 24.7% of mycoplasma

pneumonia. Approximately one third of these cases are chronic forms of infection. Based on the literature available to us, at present there are no objective data on the prevalence of chlamydial mycoplasmal pneumonia and methods for their differential diagnosis with tuberculosis in children. Purpose of the study.

Research materials: We examined 87 sick children referred to the regional anti-tuberculosis dispensary for differential diagnosis of tuberculosis. All children have a history of repeated treatment for nonspecific pneumonia who received broad-spectrum antibiotic therapy in and during the last month without radiological

positive changes. These patients after traditional research methods: 3-fold sputum examination for BC, ELISA (enzymatic immunoassay), the AT-TUB-BEST-strip study was conducted (manufacturer - ZAO Vector-Best, similar strips for the determination of chlamydia and mycoplasmas by antigens and immunoglobulins.

The results of the study and their discussion: The reason for referral to the anti-tuberculosis hospital was the presence of complaints in patients quite similar to tuberculosis, as well as the ineffectiveness of antibiotic therapy. When clarifying complaints, out of 87 examined patients, 54 complained of a prolonged cough with a small amount of sputum, 43 had an increase in temperature up to 37.1 ° to 37.5 °, sweating, weight loss, fatigue, which was the reason for X-ray examination and in all patients revealed various changes on the radiograph. After that, they were sent to the TB dispensary for examination. These patients were examined according to the developed algorithm; an ELISA test with tuberculosis antigen was performed in the standard and additional patients and gave a positive result. 16 (18.4%) patients received a negative result. Among the studied boys prevailed - 12; at the age of 3-7 years, 9 patients, mostly villagers - 11. Further, these patients underwent a study using innovative methods of seeding for the detection of nutrient media and accelerated MBT, as well as the detection of drug resistance by an accelerated method on the GeneXpert apparatus. Both studies in all 16 patients gave a negative result, after which an ELISA was performed with chlamydial and mycoplasmal antigens and specific immunoglobulins.

9 had positive results with chlamydial immunoglobulins (Ig G values 1.480-2.637) and 7 with mycoplasma and immunoglobulins (Ig G values 0.386-1.041). The study of the anamnesis of these children of 10 children allowed the cause of the development of chronic pneumonia, most often it was severe measles in early childhood in 2, whooping cough - y 3 viral etiology after And complications of SARS - in 5 patients. All studied patients were repeatedly treated with broad-spectrum antibiotics, including macrolides. However, the chronization of chlamydial and mycoplasmal

pneumonia is due to the fact that most antimicrobial agents 1) act mainly on the extracellular form of pathogens. In this situation, conditions are created for the persistence of the pathogen, its dissemination in the body, the chronization of the process, and the formation of complications. In addition, the use of antimicrobial agents without immunocorrective therapy in many patients leads to a temporary suppression of pathogens; against the background of such therapy, there is a preservation and even aggravation of immunological disorders, which increases the risk of recurrence of diseases [5,6].

Output. Thus, children with chronic pneumonia in history, when symptoms resembling tuberculosis appear in the clinic on radiographs, for the differential diagnosis of a set of studies, in addition to standard studies, it is necessary to apply cultures on nutrient media and determine the MBT using the GeneXpert method, and subsequently determine antigens by ELISA, specific immunoglobulins of chlamydia I and mycoplasmas, which will allow to exclude tuberculosis and refer the patient for treatment to therapeutic hospitals.

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