

Features Of The Flow Of Tuberculous Pleuritis In Children In Modern Conditions

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Abstract: The results of the survey of 50 children with pleuritis of tuberculosis etiology were studied. Pleuritis much more often was an independent form of tuberculosis than the complication of other forms. The pleurisy was accompanied by predominantly pronounced clinical manifestations, had more often gradual, but often a sharp start, in rare cases, asymptomatic. The reaction to Tuberculin was, as a rule, positive, often expressed, sometimes negative.

Keywords: tuberculosis, pleurisy, children, tuberculosis pleurisy in children.

I. INTRODUCTION

Tuberculosis is often striking pleura. Purrites can be, as well as the complication of other forms of tuberculosis and independent clinical form of this disease [1, 2]. Among the pickle effluents of various etiologies in children and adolescents, tuberculosis pleuritis prevail, accounted for 70-75% [2, 3].

In the diagnosis of tuberculosis pleuritis, significant difficulties are often found because it is based primarily on indirect prison. Detect mycobacterium tuberculosis in the exudate it is rare. Clinical manifestations of tuberculosis pleuritis in children in modern mustyers are devoted only to [1, 3]. The purpose of the study is to study the peculiarities of a clinic-x-ray picture of tuberculous exudative pleuritis in children. The results of the survey of 50 children aged 0-16 years, who were inpatient treatment in the children's department of the Samarkand regional anti-tuberculous dispensary in 2012-2020 were studied.

In general, the boys prevailed (31 people), by age - children 8-16 years old (84%). In the majority of surveyed (43 of 50), the pleurisy was made by an independent disease and only in 14% of cases (7 children) - the complication of other forms of the tuberculosis of respiratory organs. Such forms were: tuberculosis of intragenic lymph nodes in 3 cases, disseminated - in 3, champion - in one case. Most children (38 people) are installed with patients with open form tuberculosis. In most (90%), the disease was diagnosed when applying to the doctors of the general treatment network, in 5 children - with a prophylactic examination, including two - fluophographically, in 3 - with the help of the Mantu reaction. Pleurisy, accompanied by clinical manifestations, but in some cases (3 children) proceeded asymptomatic. As can be seen from Table 1, a gradual beginning of the disease was observed, less often sharp. The study of the nature of the beginning of the disease, depending on the age, showed that the asymptomatic flow of the disease was noted only in children under 7 years of age (in 1/3 of cases), an acute start - more often in children under 12 years old (in 1/3 of cases) than in older age.

Table 1 Beginning of the disease in various age periods

Age	Asymptomatic flow	Gradual start	Acute start	Total
(years)	3	2	3	8
0-7	-	14	7	21
8-12	-	17	4	21
13-16	3	33	14	50

II. METHODS

The duration of the period from the appearance of symptoms before entering the counter-tuberculosis dispensary was from one day to 3 months. In connection with pronounced clinical manifestations, 74% of children were treated in a general treatment network for 10-14 days. The main diagnoses were set: pneumonia (24 people), pleuropneumonium (21), ARVI (3), bronchitis (2 children). When entering the hospital (Table 2), the temperature of subfebrile or febrile prevailed character, in some cases the temperature reaction was absent. Almost all the diseases marked moderately pronounced general weakness, fast fatigue, decline in appetite. Frequent complaints were pain in the chest (88%), shortness of breath (84%), often sharply pronounced (28 people). A frequent manifestation of the disease was cough (in 70% of cases). In isolated cases, headache (5 patients), dizziness (3), heaviness in side (4), abdominal pain (5), dyspeptic phenomena (4 people). In 2/3 cases, children were not vaccinated BCG or vaccinated

poorly. When entering the hospital, the general condition in most children had a moderate severity (in 84% of cases), less often satisfactory or severe. It often marked the pallor of the skin. Peripheral lymphadenitis was also observed in most children. Almost everyone had a lag of the affected half of the chest during breathing (90%), often the weakening of breathing, in isolated cases, the breathing was not listened.

Complaints	Weakly		Moderately		Sharp		Total	
	abs.	%	abs..	%	abs.	%	abs.	%
Temperature	28	56	19	38	-	-	47	94
Chest pain	11	22	5	10	28	56	44	88
Cough	4	8	31	62	-	-	35	70
Dyspnea	14	28	-	-	28	56	42	84

The right-sided localization of the exudative pleuritis took place in 30 patients, left-sided - in 20. The sensitivity to tuberculina almost half of the cases (48%) was hyperergic or normergic pronounced (papula 15-16mm), in the 18st entrance - the normergic moderate, in 6 - weakly positive, in 2 cases - negative. On radiographs, a free exudate was often noted, the fluid level in most children reached 3-4 ribs, in 2 cases there was a disappointment of exudate. The puncture of the pleural cavity was carried out 41 patients, while the 19Beys carried out one aspiration, 22nd - repeated (2-8 puncture), including in 3 cases, a pleural cavity was used. The total liquid was obtained in volume: up to 100 ml - in 5 children, 100-500 ml - in 9, 500-1000 ml - in 15, 1-1.5 liters - in 8, over 1.5 liters - in 4 people. In 33 cases, out of 41, the exudate had a serous character, in the 4-x hemorrhagic, in the 2nd-serous hemorrhagic, in one - purulent, in one - liquid was not obtained. In 90% of cases, lymphocytosis was revealed, the protein content was, on average, 30-40g / l. Only in one case, mycobacteria of tuberculosis was detected in the exudate. In the clinical analysis of the blood of ESO, often reacted in the form of an increase over 30mm / hour (33 children), less often (13 patients). It was noted a small rigorous shift to the left, moderate leukocytosis (32 people), lymphoplastic (22 people). A moderate decrease in hemoglobin took place in 1/3 of Eaclaved. In 8 people, eosinophilia was noted, in 3-monocytosis, in 35 - an increase in A2-globulinov, in 37 - Y-globulins. In the hospital, all patients conducted tuberculostatic chemotherapy in combination with the horizontal in the initial period and physiotherapy - in the resorption phase. In the subsequent children, there was a respiratory gymnastics, which sprinkled the acceleration acceleration, which improves the function of external respiration. On average, the treatment of children with pleurite in the hospital amounted to 6-8 months. The effect is achieved in all cases. Including, the complete absorption of pleural layers came from 18bol, the rest of the pleural battles and layers were preserved.

III. RESULTS

We present an example of a typical flow of exudative pleurite tuberculosis etiology.

Sick Maxud K., 7 years old, was in the children's department of the regional anti-tuberculosis dispensary from 06.27.2020. 05.03.2021 In the family of 5 horses: 4They and mom. It is known that stepfather died from tuberculosis in May 2000. BCG baby is made in the hospital, a rogue 4mm. Reaction to the Mantu sample from 2nd until 1995. It was negative since 1996. There is no failure. Out of 17.06.2020 sick, without connection with pee-coolness, there was pain in the left side, an increase in temperature to 38-39s, the cough was absent. The well-being remained relative to satisfactory. During the first 3 days, he was treated at home by antipyretic means, from 06/20/2020 delivered to the Samarkand region children's department. Diagnosis is made: acute polysegmental pneumonia on the left. Pleural puncture was performed twice, 300 and 700 ml of exudate, yellow, muddy, the reaction of the rivals are positive, protein - 6.6%, citodes of a limmodocytic nature. 20.06.2020. X-rayly revealed fluid in the pleural cavity to the left, level to the 5th rib. The heart is not shifted. Non-specific antibacterial and disinfecting therapy was carried out. The effect was not. **Table 2** pain in the chest was preserved, the negative X-ray dynamics was noted. On the left, the total darkening of the high intensity to the 1st edge, a slight displacement of the heart to the right.

In this regard, the patient is aimed at surveys and further treatment in the regional anti-tech dispensary. Upon receipt, the condition of the child was the average severity due to intrusion and respiratory failure. Skin covers, visible mucous pale, moisture, clean. Zev calm. Child sufficient food, proper body. The cervical surface, cervical deep, ceiling, inguinal, axillary, lymph nodes up to 3rd size, dense, movable, weapons, are dense. Left half of the chest lagged in breathing. When percussion on the left side of the anterior AK of the syword line, the lull sound is noted below the 3rd edge along the front surface of the chest and in the subband area on the left. Auscultative to the left of the anterior axilar lip breath is not auditioned. The respiratory frequency (CHD) was 26 per minute. Clear hearts are clear, rhythmic, heart rate - 100 ° C. / min. Language dry, covered with a white bloom. The belly is soft, with a painless palpation. The liver highlightens from under the edge of the rib arc per 1 cm, the edge is rounded. The spleen

is not palpable. Physiological departments are normal. The reaction to the manta sample C 2 was observed in the form of a papule of 8 mm. In general blood test when complying: HB - 108 g / l, leukocytes - $8.6 \times 10^9 / l$, laid neutrophils - 7, segmented - 80, lymphocytes - 10, monocytes - 2, SE - 47 mm / hour; In a biochemical blood test: the total protein was - 71 g / l, albumin - 39%, and α globulines - 6%, A2-globulins - 12%, Globulins - 13%, Y-globulins - 30%, sample briskte- On - 33, thymol - 3, sugar - 4.4, AST - 0,1, Alt - 0.26, Cerulloplazmin - 149, Rland - TIR 1: 256 (sharply positive). Urine analysis without features. The study of the MOBEL on mycobacterium tuberculosis by sowing 2 times gave a negative result. In the washing waters of the bronchi 5-fold method of sowing and a mask from the walls of the bronchi bacterioscopy and sowing Mantu were also not detected.

IV. DISCUSSION

Sowing exudate on a non-specific flora growth did not give. With fibrobronchoscopy, pathology has not been detected. With a x-ray diffraction of changes in pulmonary fabric and intragenuous lymph nodes not found. The liquid in the pleural cavity was absent, there was a seal of pleura and pleural battles on the left.

The diagnosis of exudative pleuritis on the left tubercular etiology is exhibited on the basis of contact with the deceased from tuberculosis by secondary, satisfactory tolerance of intoxication, the presence of exudate in the pleural cavity, lymphocytosis in the exudate, the positive test of Mantu with 2 te, progression of the process against the background of non-specific therapy, Significant ESP increase with small levocytosis. In connection with the resorption of exudate, repeated punctures were not conducted. Tuberculostatic chemotherapy, hormonal therapy used in the treatment.

During the treatment in the hospital (9 months), the child fastened, added 2.5 kg in weight. X-rayly preserved a small thickening of the Costal pleura on the left. Diagnosis at discharge: Exudative pleurisy on the left, in the resorption phase. In this case, the tuberculous etiology of the pickled was suspected in the general treatment network only on the basis of the lack of effect from nonspecific therapy. In a timely manner, contact with the patient, the sensitivity to tuberculip, the lack of highlighting sputum and communication with the prejudice was not taken. It should be noted that the cessation of exudate excess after aspiration during pleurrites without specific treatment does not yet eliminate their tuberculous etiology, because pleurisites in children, as a manifestation of primary tuberculosis, have an inclination to spontaneous reverse development.

V. CONCLUSION

1. Pulletrite of tuberculosis etiology in children is much more often an independent form of tuberculosis than the complication of other forms.
2. Exquidative tuberculous pleurisy in children is accompanied by predominantly pronounced clinical manifestations from respiratory organs, moderately pronounced insrion syndrome with good tolerance. The treatment more often begins gradually, often - is sharp, in isolated cases impressive proceeds. In most cases, it accompanied the accumulation of a large amount of fluid in the pleural cavity. In connection with the pronounced clinic, the disease is usually detected, when contacting the doctors of the general treatment network.
3. The diagnosis of Tuberculosis etiology of pleurite helps a positive reaction to tuberculosis sample, often pronounced, indication of contact with tuberculosis patients. At the same time, the negative reaction to tuberculin and the absence of contact information does not always exclude the tuberculous etiology of the disease.
4. Puritry of tuberculosis etiology is more often developing in children, poorly vaccinated BCGs or undaccined, at the age of 7 years.
5. The outcomes of the specific treatment of tuberculous pleurite are usually favorable, but in cases of cases, persistent residual changes are formed in the form of pleural layers and battles.

VI. REFERENCES

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