Abstracts

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250. Clinical and diagnostic problems in tuberculosis

P2599
Particular features of tuberculosis in the elderly patients
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A retrospective study was made in our service from January 2001 to December 2003 to establish particular features of tuberculosis in the elderly patients. The study was based on two groups of patients: the 1st group - 182 patients aged over 65 (108 men, 74 women), the 2nd group - 1023 patients aged between 18-45 (598 men, 425 women). The highest rate of recurrence was observed in the 1st group: 22.53% versus 11.44% in the 2nd group. The X-ray findings were nodular opacities 31.40% and cavitation 35.53% in the elderly patients, respectively 13.66% and 46.47% in the young patients. The positive sputum smear was lower in the 1st group, 47.80%, compared to 57.77% in the 2nd group. The highest percent of associated diseases was described in the elderly patients: 77.87% versus 34.70%. Usually, over 65 years, the pleurisy accompanies different forms of pulmonary TB (59.7%). We concluded that tuberculosis on the elderly people is more frequently a reactivating form. Atypical forms (nodular opacities in lower lobes, non-cavitation, without symptoms and signs on the chest) although the radiological forms are the same for the young patients, only their distribution is different.

P2600
A case of tuberculous cavity complicated with squamous cell carcinoma: an endoscopic view
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A 69-year-old man was admitted to our Respiratory Ward for evaluation and management of haemoptysis. Chest radiography evidenced a widespread shadow in the right upper lobe with mediastinal involvement. Computed tomography scan of the chest evidenced in the anterior segment of right upper lobe an cavity of 45 mm diameter characterized by an thick and irregular wall and mediastinal lymphadenopathy. Sputum examination evidenced a moderate number of acid-fast bacilli so a tuberculous diagnosis was made and a specific anti-tuberculous therapy was started. Because of direct communication between upper right bronchus and cavity was evident a flexible bronchoscopy was performed. Passing through upper right bronchus the internal wall of cavity was discovered: inner wall was irregular and characterized by necrotic tissue and flat metastasis. A brushing sample localized in cavity-bronchus junction was performed and cytology analysis evidenced a squamous cell carcinoma. Because the signs, symptoms, and radiologic findings can be masked by pre-existing disease, a diagnosis of bronchogenic carcinoma superimposed on pulmonary TB is difficult. In most cases, the diagnosis of tumours in such patients is delayed, until an advanced stage like the case reported. An endoscopic view of tuberculous cavity is a singular view and it’s the consequence of a direct communication between the drainage bronchus and the cavity. In all this cases is useful to perform a flexible bronchoscopy because the incidence of superimposed bronchogenic cancer is high.

P2601
Radiological manifestations in close contacts of smear positive TB patients
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The aims of the study were to study the radiological findings of close contacts of smear positive tuberculous patients. Eighty healthy contacts of smear positive patients were included. Chest X-ray was the only imaging modality used. The close contacts were divided into two groups: Group I, who had never had any contact with smear positive patients and Group II, who had more than six months of contact with smear positive patients. The chest X-rays of the patients were analyzed in 3 groups: Group I, Group IIa and Group Ib. In Group I, 4 patients (5%) had chest X-ray abnormality (2 patients had tuberculosis, 1 patient pleural effusion and 1 patient pneumonic consolidation). In Group IIa, 11 patients (13.75%) had chest X-ray abnormality (6 patients had tuberculosis, 4 patients pleural effusion, 1 patient pneumonic consolidation). In Group Ib, 62 patients (77.5%) had chest X-ray abnormality (29 patients had tuberculosis, 15 patients pleural effusion, 12 patients pneumonic consolidation, 6 patients nodules, 1 patient cavitation). The group with the highest incidence of chest X-ray abnormality was Group IIb (77.5%). Among the patients with chest X-ray abnormality, the most common presenting symptom was cough (94.1%). In 94% of the patients, the cough was productive of sputum and in 50% of the patients the sputum was purulent. The sputum smear examination was positive in 63% of the patients. A total of 58 patients had biopsy, 63% of the patients had histology positive. Histology positive patients were more likely than histology negative patients to demonstrate a clinical improvement (60.68% vs 14.29%).

Objective: Chest radiography is a major screening and diagnostic tool for detecting tuberculosis. The main aim of this research was to demonstrate the reproducibility of radiology among close contacts of TB patients.

Methods: Close contacts of newly diagnosed patients with smear positive pulmonary TB were identified. The information and data of the contacts, respectively, were noted down on special questionnaires.

Results: Out of the total 147 close contacts of 34 index cases, 81 (55.7%) were female and 66 (44.3%) were male. In 109 cases (74.1%) Iran. The duration of contact, in 30 cases was less than 1 yr, in 75, it was more than 1 yr. Out of 147 contacts, 7 (4.8%) pulmonary TB detected. Abnormal radiological manifestations were detected in 56.3% of close contacts: calcification (25.1%), parenchymal infiltration (4.08%), cavity (2.04%) and nodular lesions (2.04%).

Conclusion: In our study no significant statistical difference was found between the prevalence of TB among the Iranian and Afghan patients. There was no significant statistical difference in the duration of contact time of the TB cases. Positive radiological findings were detected in 56.3%. In 25.7% of the cases, the pattern was calcification indicating primary TB infection. This study points out the importance of systematic investigation of contacts to discover TB. It also demonstrates the significant role of radiology as a major tool in diagnosing both infection and disease of tuberculosis.

P2602
Pulmonary tuberculosis caused by a transbronchial aspiration of tuberculous lymphadenitis
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A 57-old man with hemoptysis, cough and dyspnea on exertion was admitted to local hospital. His chest X-ray revealed a right paratracheal mass lesion and multiple caseal lymphadenopathies were found on the thorax CT scan. The lesion was thought to be a malignant lesion and bronchoscopy was performed. Transbronchial fine needle aspiration biopsy was done from the indirect findings and it was negative for a malignancy. After two months, he was admitted to our hospital because of weight loss, low fever, productive cough and a palpable mass on the neck. On the physical examination, there was a fixed mass in the right anterior cervical triangle. Chest X-ray showed a consolidative lesion in the right upper zone which was not found two months before and a right paratracheal progression of the lymphadenopathy. The smears of the sputum and fine needle aspiration material of the cervical lymph nodes were positive for acid fast bacilli (AFB). In this case, paranchymal involvement is considered to be the result of the dissemination from tuberculous lymphadenitis during transbronchial aspiration biopsy.

P2603
Pulmonary and cerebral miliary tuberculosis with menigitis
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A 49 year old man was admitted to hospital because of fatigue, weight loss, fever, malaise, myalgia, headache and dry cough for one month duration. After his admission; his body temperature rose up to 39°C and the blood pressure was 140/80mmHg. A few crackles were heard at both of the lungs. The blood cultures and Ziehl-Nielsen stain of the sputum were negative. Ziehl-Nielsen examination of gastric fluid was negative. Radiography of the chest revealed diffuse micronodular and opacities. The thoracic CT scan obtained with the injection of contrast material revealed right parapneumonic and right retroclavicular lymph nodes, both calcified and non-calcified micronodular densities at the level of the diaphragm and pleural thickening and thoric changes at right lung base segment. The cranial MRI revealed small, multiple contrast fixed nodes smaller than 1 cm. The cranial CT displayed miliary tuberculosis. Microscopic examination of an aspirated bone marrow specimen showed a hypochromic specimen without granuloma. A lumbar puncture examination of the cerebrospinal fluid showed a lymphocytic meningitis with a high protein and a low glucose level, but the culture of the CSF yielded no pathogens in the blood culture. As a result, miliary tuberculosis is a confusing disease with diverse symptoms and organ involvement.

P2604
Frequency of candida species species mycoses isolation from patients with pulmonary tuberculosis
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Causes of candidiasis development among patients with pulmonary tuberculosis base on many factors: metabolic processes disturbances, avitaminosis, disturbances, decrease of the immunological reactivity and the durable treatment with implementation of some antibacterial drugs combination. Frequency of Candida species species mycoses isolation from 404 patients with pulmonary tuberculosis was studied. Materials to be examined were sputum and smears from mouth cavity mucus. Candida species species were identified among 83 (21.0%) patients in the sputum in 82.4%, smears from mouth cavity in 17.6%. In 95.3% of cases Candida species species occurred in the association with different non-specific microflora.

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