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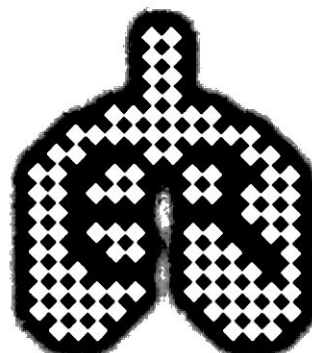
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mycobacterial disease died during treatment, four from malignancy, one from myocardial infarction and one from pulmonary embolus.

Conclusion: Atypical mycobacterial disease is now more prevalent than MTB in Dumfries and Galloway. Many patients with atypical infection are debilitated by additional underlying disease and treatment is hampered by widespread drug resistance.

P2587

Peculiarities of tuberculosis case-finding in migrants

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Migrants are a risk group for TB.

Aim: to study peculiarities of TB case-finding in migrants.

Methods: retrospective analysis of cards of patients reporting to Consultation and Diagnostic Center at Central TB Research Institute. Examination methods: clinical, microbiology (sputum microscopy and culture), X-ray, Mantoux test, polymerase chain reaction, enzyme immunoassay of antibodies.

Results: We examined 168 migrants from CIS countries, Azerbaijan, Kyrgyzia, Moldova, Uzbekistan, Tajikistan, Turkmenia, Georgia, Ukraine, Latvia, Lithuania, India, Vietnam reporting to Central TB Research Institute with pulmonary complaints. TB was diagnosed in 143 patients. Of them 111 patients were new cases and 32 ones – had TB previously. 78 (52%) patients were sputum positive. 39 had fibrocavitary TB, 56 – infiltrative decay, 37 – focal TB, 11 – TB of intrathoracic lymph nodes. All the patients with TB of intrathoracic lymph nodes were from Vietnam and had characteristic peculiarities in disease clinical picture. Patients from Tajikistan and Georgia mostly had infiltrative TB. We also observed several other peculiarities of TB in migrants.

Conclusion: Migrants arriving from CIS countries and Asia should be mandatory examined for TB (microbiology and fluorography) with subsequent treatment. This could make it possible to prevent the spread of TB.

P2588

From detection of nontuberculous mycobacteria (NTM) in pulmonary specimens to pulmonary infections

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Background and Aim: Since NTM are ubiquitous organisms found in pulmonary specimens from patients without signs of pulmonary disease clinical, radiological and microbiological criteria are necessary to confirm the diagnosis of NTM-related pulmonary disease. The aim of the study was to evaluate prevalence of NTM-related disease in patients with NTM positive cultures of pulmonary specimens.

Methods: Prospective study of 13 patients with NTM positive cultures of sputum, bronchial washing or BALF selected from 245 pts evaluated in our department in 2002 year. High-pressure liquid chromatography was used to identify NTM species. The patients enrolled into the study were reevaluated after 4,5 months.

Results: Growth of NTM was confirmed in two of them (>3 positive cultures). Both patients fulfilled not only microbiological but also clinical and radiological criteria of NTM related pulmonary disease. Species involved in lung disease were *M. kansasii* and *M. avium*. Whereas the other not related to pulmonary disease were *M. kansasii*, *M. xenopii*, *M. goodii*. Infection has not been confirmed in the remaining 11 pts.

Conclusion: Only fifteen percent (2/13) of patients whom NTM were isolated was related to NTM – dependent pulmonary disease.

P2589

Bilateral tuberculous otitis media complicated with labyrinthico-facial syndrome

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Tuberculous otitis media is a rare disease in adults but in the last decades it was diagnosed in countries with high incidence of TB. Because of the variable clinical features, it's difficult to diagnose TB otitis media, many cases are bacteriologically negative. This explains the late diagnosis and the underestimation of this disease. We report the case of a 61 year old woman who was hospitalized for otorrhea, hypoacusia and facial paralysis on the right side. The onset of these symptoms was 5 months ago. Her medical history revealed a surgical intervention performed 15 years ago for left chronic otitis with otorrhea, hypoacusia and left facial paralysis. Despite the surgical maneuvers, the left purulent otorrhea persisted until 2 years ago. The chest X-ray performed on admittance in hospital showed minimal pulmonary TB sequela. Mantoux test was intense positive. The bacteriological findings of the otical secretion revealed Oxacilin-resistant *Staphylococcus aureus* and *Mycobacterium tuberculosis* on Lowenstein-Jensen and MB/Bact system. The diagnosis was: bilateral otitis media with stable lesions on the left and active on the right complicated with labyrinthico-facial syndrome. It was started DOTS. The clinical outcome was favorable with DOTS. Compare to nonspecific chronic otitis, tuberculous otitis media often complicates with early labyrinthico-facial syndrome.

This outcome should raise the suspicion of TB etiology especially in chronic otitis unresponsive to antibiotic treatment.

P2590

Depression in patients with tuberculosis

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Tuberculosis (TB) remains a leading infectious cause of mortality worldwide. The patients with tuberculosis may show signs and symptoms of depression during long-term treatment and follow-up.

The aim of this study was to assess the relationship between sociodemographic and disease related features and the mean depression scores of patients. This study included 205 patients with TB who were hospitalized in Department of Chest Diseases between January and February 2004. Each patient was interviewed face to face. A questionnaire, which included Beck Depression Inventory and further questions measuring depression levels of patients, was used. Mean depression score of patients with tuberculosis was 16,39 (range=0-63). Most of the patients were male (63.4%), married (63.4%) and housewife (26.3%). Mean age of patients was 44 years. Mean number of children of patients was 2.3 and 47,8% of patients were graduated from primary school. Most of the patients had social security (80%). The time of TB diagnosis of patients was above 5 months and more (32,2%). The main source of income was from family (67,3%). Most patients had no any additional diseases other than TB (57,1%) and had no family history of TB (76,6%). The depression scores of patients financially supplied by family and being married were higher than those who were not supplied by family and being unmarried. Mean depression score of patients with tuberculosis shows no significant depression in this study.

P2591

Persistent vocal cord paralysis due to mediastinal tuberculosis

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Involvement of mediastinal lymph nodes in tuberculosis is a common condition in developing countries, but the recurrent laryngeal nerve paralysis is very rare.

A 53 year-old house wife, visited our clinic in July 2002, due to hoarseness, malaise, night sweat, loss of body weight and cough for a month. She had not been vaccinated with BCG. Lymphadenopathy was found in supraclavicular, and there was hoarseness of the patient. There were mediastinal enlargement on plain CXR. CT showed lymph nodes in the aortopulmonary-window and no any parenchymal lesion. Fine needle aspiration of lymph node of the supraclavicular was negative for malignancy. By bronchoscopy was revealed any endobronchial lesion, but paralysis of the left vocal cord was observed. The tuberculin skin test was strongly positive, and there was no history of BCG vaccination and finding of HIV- infection. The lymph node in the supraclavicular area was excised. There was granulomatous lesion without caseous necrosis on histological examination of the lymph node. Antimycobacterial drugs were given to the patient. Most of the symptoms were subsided and the culture was negative after four weeks. Hoarseness still persist in a mild manner now. Four months later, pathological findings were improved on CXR and a repeat CT showed that mediastinal lymphadenopathies were completely resolved.

In the causes of RLN paralysis, in addition to malignancy, tuberculosis should also be taken into consideration in subjects especially living in developing countries and emigrating from these countries to western countries.

P2592

The comparative analysis of diabetic and nondiabetic cases with tuberculosis

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Diabetes Mellitus (DM) is one of the factors that increases the risk of tuberculosis (TB). Tuberculosis can show atypical clinical presentation and localization in diabetics.

Aim: To determine comparatively the features of TB in diabetic and nondiabetic cases.

Method: Of 1063 cases with tuberculosis which were treated and followed in our dispensary between 1997 and 2003, 78 diabetic and 78 nondiabetic cases were comparatively reviewed in the aspects of demographic, clinic, radiologic, laboratory data, treatment and prognosis.

Results: The incidence of DM in TB cases was 7.3%. The mean age in diabetic cases was 53.55±12.66 and 34.19±14.77 in nondiabetics (p<0.05). 44(56.4%) diabetic and 11(14.1%) nondiabetic cases were older than 50(p=0.000). In two groups, female/male ratio was similar (p>0.05). Extrapulmonary TB was found more in nondiabetics (p<0.05). In regards of symptoms except hemoptysis, there was no difference between two groups. Hemoptysis (19.2%) was observed only

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