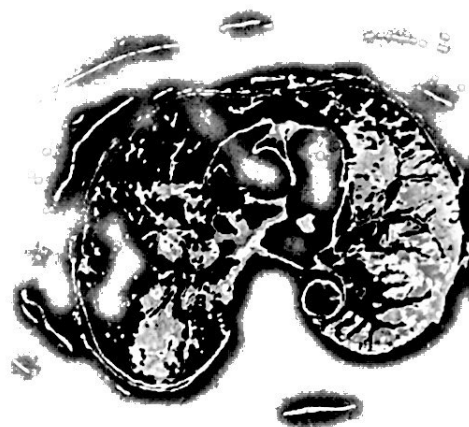


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ABSTRACTS
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major and reserve drugs. Patients received individualized regimens using reserve drugs. In case of resistance to isoniazid, rifampicin and aminoglycosides sputum negativation by month 6 was observed in 91.4% patients. In resistance to isoniazid, rifampicin, pyrazinamide, ethambutol, aminoglycosides and prothionamide terms of sputum negativation were longer and by month 9 we observe it only in 59.5% patients. 40.5% patients failed corresponding chemotherapy regimens. In resistance to major and reserve drugs sputum negativation by month 12 was observed only in 8.6% patients. The rest 91.4% patients were still sputum positive. Chemotherapy using reserve drugs is effective in patients resistant to major drugs, whereas in resistance to major and reserve drugs this reserve regimen is ineffective and returns such patients to the pre-antibiotic period. The only alternative treatment methods for these patients are artificial pneumothorax and collapse surgery.

P4110

Risk factors in tuberculosis and its influence on chemotherapy efficiency

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Aim of the research: to study reasons of noneffective treatment of tuberculosis patients.

New dispensary groups conformed with WHO recommendations are introduced in Belarus for supervision and calculation of TB patients. We distinguished the group of new defected patients with pulmonary tuberculosis without effect after 6 months of chemotherapy and interruption of treatment for 2 or more months. We analyzed treatments results of 91 patients in this group (83 men, 8 women). The persons of young and middle age predominated: 18-44 yrs - 58.3%; 45-54 yrs - 24.2%. Unemployment (did not work 40.7% patients) and low income were a rather frequent sign 68.1% patients were alcohol abusers. According to anamnesis 23 patients were in imprisonment. All the patients had bacilli shedding, which was detected by bacterioscopy in 39.6% cases. 36.3% patients had drug resistance 83.5% patients had destruction of pulmonary tissue. Terms of hospital treatment were dragged out 3 weeks and more in 24.2% patients. 43 patients were discharged from hospital before the appointed time when 49.8% persons had pulmonary destruction and 26.4% - bacilli shedding. The main reasons of this problem were alcohol abuse, unwillingness for treatment and rough breach of treatment regimen. To raise results of pulmonary tuberculosis patients treatment it is necessary to establish differentiated approaches taking into consideration risk factors, tuberculosis process spreading, category of patients, drug resistance. It is necessary to exclude discharge from tuberculosis hospital patients with bacilli shedding which had severe social status.

P4111

Risk factors for paradoxical response during adequate tuberculosis treatment

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Recognition of deterioration during TB treatment resulting from paradoxical response (PR) rather than another cause (e.g. treatment failure) can be difficult. In our study we determined timing, clinical features and risk factors for PR. Consecutive (n=179) patients with non-MDR pulmonary TB, without severe drug toxic reactions during treatment entered the study. In 41 of them TB was associated with following pathological conditions: malnutrition - 12, alcoholism - 14, diabetes mellitus - 4, viral hepatitis - 9 and HIV-infection - 2. PR developed 22(12.3%) patients. Time from treatment initiation and PR development was 53 (20 - 153) days. There were the following sites of paradoxical deterioration: lung and pleura - 14(64%), CNS - 4(18%), abdomen - 2(9%), more than one - 2(9%). The risk factors for PR were: bilateral lung lesions (10/22 vs. 37/157, p=0.012), negative tuberculin test (12/22 vs. 20/157 p<0.001), low lymphocyte count (669±321 vs. 1.331±472 cells/microl, p<0.001), and co-morbid condition (14/22 vs. 41/157, p<0.001). IFN-gamma and TNF-alpha were significantly higher in PR compared with progressions of other causes. PR quite often complicates tuberculosis treatment. It is unpredicted in time of onset. Bilateral lung involvement, negative tuberculin test, low lymphocyte count, and co-morbidity are the risk factors for PR.

P4112

The causes of ineffectiveness of treatment of tuberculosis in children

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We conducted a retrospective analysis of 26 case histories of children with pulmonary tuberculosis: in 18 (69.2%) patients the therapy was ineffective, 4 (15.4%) died, 4 (15.4%) had a relapse of the disease. 80.8% of patients were 11-16 years of age. In 69.2% of patients the destruction of lung parenchyma was observed. 57.7% of patients had extensive lesions; 38.5% - complications; 19.2% - generalization. 53.8% of cases was smear positive and 30.8% had M. tuberculosis drug resistance. In majority of children we noted a combination of factors that led to treatment failure. As a result of analysis there were established the following causes of

ineffectiveness of treatment of tuberculosis in children: a change of clinical and morphological features of tuberculosis in children toward worsening of disease grade, extensive involvement of lungs; untimely detection of cases; family contact with tuberculosis patient (especially massive, long-term or the contact with two or more patients simultaneously, or the contact with multidrug-resistant tuberculosis patient); social factor; concomitant diseases (especially congenital pulmonary diseases and diabetes mellitus); late diagnosis of tuberculosis; M. tuberculosis drug resistance; irrational treatment of tuberculosis, irregular intake of medications, uncontrolled course of chemotherapy; large metatuberculosis changes in lung. Each of listed factors alone or in combination with another one significantly affect the effect of treatment of children with tuberculosis.

P4113

Pre-chemotherapy drug sensitivity test for antitubercular drugs in India - is it essential?

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***AIM** - Wide spread occurrence of drug resistance (Initial and acquired) has lead to think for this study. It is major threat to tuberculosis control, particularly for resource poor country like India, some effective treatment in drug resistant would become impossibly expensive.

Material and method: Total 352 patients (sputum smear for AFB +ve) sputum were tested for sensitivity test against the anti-tubercular drugs (Streptomycin, Isoniazide, Rifampicin, Ethambutol, Thiacetazone, Kanamycin and Ethinamide) by low proportion method. The study was conducted at Banaras Hindu University, Varanasi. The pattern of drugs sensitivity and resistance were noted.

Observation: In present study out of 352 patients (sputum smear for AFB +ve, strain was resistance to atleast one drug in 63.35%. Initial drugs resistance to minimum one drug was 9.09% while acquired resistance was 54.26%. The MDR was observed among 21.59% of the patients. 129 patients (36.65%) were sensitive to all seven drugs tested.

Conclusion: The high prevalence of the drugs resistance (initial and acquired) is a alarming figure. The rate of initial resistance reflect the size of the reservoir of resistance bacilli in the community while acquired resistance is an indicator of the discriminate use of anti - tuberculosis drugs in the community. The pre-chemotherapy drugs sensitivity test will be helpful in treating the patient and reduce drug resistant prevalence.

P4114

Factors affecting tuberculosis treatment: the beliefs of patients

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Background: This study has been designed to determine the beliefs of patients affecting the treatment of tuberculosis (TB).

Methods: This cross-sectional study has been carried out in 22 Chest Diseases and Tuberculosis Hospital between February 2002 and February 2004 with the organization of The Ministry of Health of Turkey National Center for Tuberculosis Elimination, Hacettepe University School of Social Work, AIBU Medical Faculty Department of Chest Diseases. A questionnaire including 72-item was used to measure the history of disease and treatment, psychological well-being, social relationships, environment, physical capacity and socioeconomic conditions of 733 patients with TB. SPSS version 10.0 was used for all statistical analyses.

Results: Patients believed the treatment of TB to be effected by a variety of factors. Those were regular use of drugs (60%), personal nutrition (%24,1), hygiene, clean environment and fresh air (%10,5). Many other causative factors were also mentioned. Among these were the following: gender, age, education, marital status, and family history of TB.

Conclusion: Health workers (including nurses, physicians, social workers) who work with people at risk for TB seemed to focus a better understanding of how their patients think about TB.

P4115

Outcome of patients treated for culture- positive pulmonary tuberculosis (CPPTB) in Poland

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Aim: Evaluation of the results of treatment of patients with CPPTB.

Methods: Retrospective review of data from Central TB Register.

Results: In 2002 the cohort of CPPTB counted 5594 patients including 4778 new cases and 816 patients with relapse TB. The maximal period of observation was 12 months. Treatment regimens were standardised. Treatment success was observed in 74.5% of patients (65.3% of "cured" plus 9.2% of "treatment completed" cases), 5.5% died (2.1% from TB), 1% failed, 7% defaulted, 0.8% were "still on

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