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ABSTRACTS
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of both total ADA and ADA2, with cut of point of 65 U/L and 42 U/L were 93%, their specificities were 90 and 97%. By considering cut of value of 46 U/L for ADA total, sensitivity reached to 100%, but specificity decreased to 83%. Using simultaneous cut of value of ADA total >46 U/L, ADA2 >42 and 2'-deoxyadenosin/ADA ratio <0.49, specificity rise to 95%.

conclusion: 1. ADA2 is more efficient diagnostic marker for TB pleural effusion than total ADA, although the difference was not statistically significant.

2. The 2'-deoxyadenosin/deaminase/ADA ratio can differentiate TB from parapneumonic effusion.

P4354

Bronchial granulomas in tuberculosis

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The morphological features of 53 granulomas in bronchobiospy samples obtained from 31 patients with tuberculosis are analysed. The cellular content of the granulomas is quantified by the stereological variable "numerical density".

The granulomas have the mean size of 622x342 microns, while their distance from the basal membrane is 185 microns on the average.

The total cellular content in the central granuloma region has the mean numerical density of 84.047 cells/mm³ (38.883 – 270.520). There is the highest count of lymphocytes 55.336/mm³ or 65.7% (25.830 – 200.000), followed by epithelioid cells 20.489/mm³ or 24.3% (9.524 – 55.180), plasma cells 223/mm³ or 0.3% (0 – 3.423), giant, mostly Langhans' cells 148/mm³ or 0.2% (0 – 737), neutrophils 10/mm³ and eosinophils 4/mm³.

The mean numerical density of all cellular elements inhabiting the periphery of a granuloma is found to be 243.966 cells/mm³ (11.796 – 716.250). The majority of these are lymphocytes 226.706/mm³ or 92.9% (11.440 – 646.400), then fibrocytes 7.044/mm³ or 2.9% (566 – 24.400), macrophages 3.674/mm³ or 1.5% (0-11.850), fibroblasts 3.464/mm³ or 1.4% (63 – 11.080), plasma cells 3.078/mm³ or 1.2% (0-22.520). Caseous necrosis involves 7 (13.2%) granulomas.

Conclusions: Lymphocytes are the most frequent cells in tuberculous granulomas. They make 65.7% of all cells in the central part of a granuloma and 92.9% in the peripheral part of a granuloma; then follow the epithelioid cells, localized only in the central part of a granuloma (24.3% of all cells).

P4355

Importance of complement C3-C4 levels on differential diagnosis of pleural effusions

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The aim of this study was to evaluate diagnostic importance of pleural fluid (pl) C3, C4 levels and pleural fluid/blood C3, C4 levels in the differential diagnosis of transudative and exudative pleural effusions.

We evaluated 57 patients (24 female, 33 male), mean age was 33.3±19 (16-88) years. 12 of them had transudative (3 chronic renal failure, 9 congestive heart failure), and 45 had exudative (26 tuberculosis pleurisy, 9 malign pleurisy) pleural effusions.

Serum and pleural fluid total protein, LDH, C3, C4 levels of all cases are measured. In order to evaluate value of pleural fluid C3, C4 levels and pleural fluid/serum C3 and pleural fluid/serum C4 levels in the differential diagnosis of transudative and exudative pleural fluid, sensitivity, specificity and (+) and (-) predictive values of these parameters are calculated. The most significant value is found to be C3 level. If C3 cut off value is taken as 0.5 g/dl; 15.6% of exudative fluid and 25.0% of transudative fluid are classified wrongly (sensitivity 84.4; specificity 75.0%, (+) predictive value 92.6%; (-) predictive value 56.2%). When exudative fluid are compared, it is also found that pleural fluid C3, C4 levels and pleural fluid/serum C3 rate was statistically higher in the tuberculosis group than malignant pleural effusions group.

As a result, if usual diagnostic methods fail to differentiate between transudative and exudative pleural effusions, C3 and C4 levels of pleural fluid and pleural fluid/serum C3, C4 rates may be used in the clinic practice.

P4356

Efficacy of different preoperative treatment in patients with destructive pulmonary TB

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Aim: to assess efficacy of different preoperative treatment in patients with fibrous-cavernous tuberculosis.

136 patients were divided into 3 groups. In I group 50 patients received ordinary preoperative preparation, including the irradiation of cavity walls by ultraviolet (UV) -laser (248nm) and instillation of antituberculosis drugs into cavity. In II group 39 patients received ordinary preoperative preparation, including chemotherapy and symptomatic treatment. In III group 47 patients received ordinary preoperative preparation and instillation of antituberculosis drugs into cavity. All patients had one or more subpleural fibrous cavities in lung. All patients

expectorated MBT. The radiation was delivered into a cavity by flexible optic fiber conductor via puncture needle. All patients had indications to operative treatment. Preoperative treatment efficiency was estimated over 3 months.

Results: Sputum negativation was reached in I group - 32(65%) patients, in II group - 15(38.5%) and in III group - 26(55.3%).

Later, 40(80%) patients in I group, 33(84.6%) in II group and 39(83.0%) in III group were operated.

Postoperative complications developed in 15(37.5%) patients in I group, 22(66.7%) in II group and 21(53.8%) in III group.

Conclusion: the application of endocavitous UV-laser methods in preoperative treatment strongly decreases the of postoperative rate of specific complications.

P4357

Chemotherapy and tuberculosis as risk factor of urolithiasis

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Increased production of vitamin D3 is typical for granulomatous processes, including tuberculosis (TB). This disorder in combination with violation of urodynamics in patients with urotuberculosis is risk factor of urolithiasis.

130 pts with urotuberculosis were enrolled in study. 22 had (16.9%) stones, 22 another (16.9%) – TB calcifications, and 8 pts (6.2%) had both stones and calcifications.

Comparable examination of biochemical tests of blood and urine was made between 33 TB pts (1st group) and 22 pts with non-specific urological diseases (2nd group).

It wasn't found distinctions in a content of total Ca, phosphorus and uric acid in a serum in both groups. However, TB pts had hypoalbuminemia (on average 37.6 g/l against 40.8 g/l in 2nd group), it was the cause of higher concentration of free Ca in serum in TB pts.

There wasn't distinctions in a daily excretion of uric acid between patients from this groups. But initial excretion of oxalate (49.1 mg) and Ca (17.6 mM) in TB pts was higher than in 2nd group (34.5 mg and 13.1 mM). On the contrary, excretion of phosphate was less in TB pts - 65.8 mM against 80.5 mM in a control. After 3 months of treatment, significant distinctions between these groups weren't found. Thus, increased daily excretion of calcium could be reflection of increased production of vitamin D3 in TB pts in time of higher activity of inflammation. Effective therapy normalizes ion structure of urine. However, metabolic disorder in combination with violation of urodynamics in patients with urotuberculosis may provoke more often incidence of urolithiasis - 30 cases from 130 (23.1%).

P4358

The beliefs of patients about the causes of tuberculosis

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Background: This study has been designed to determine the beliefs of patients about the causes 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 tuberculosis to be caused by a variety of factors. Among these were the following: low family income, malnutrition, overwork, excess stress, poor hygiene, infected by another tuberculosis patient, heredity, supernatural causes.

Conclusion: An increased psychological, social and economical awareness of TB, particularly when dealing with underprivileged patients, is required.

P4359

Influence of the educational program on pulmonary tuberculosis patients' quality of life

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The aim of investigation was to evaluate influence of the pulmonary TB patient educational program on quality of life. We studied 60 hospital patients (smear positive - 87%; men - 56%; age - 31.2±3.58 yrs) and 35 healthy (men - 57%; age was 35.2±4.37 yrs). All patients were subdivided into two groups: 1st group undergone through the training on TB developed by National Centre of tuberculosis according to WHO recommendations; 2nd group without the training. Both groups have filled in a questionnaire evaluating their knowledge on disease. Quality of life was assessed by Questionnaire SF-36: Physical Functioning (PF), Role Physical (RP), Role Emotional (RE), Vitality (V), and Social Functioning (SF). Both questionnaires were filled in before and after the treatment.

Results: quality of life of TB patients (PF - 66.4±1.7; RP - 21.3±7.7; RE -

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