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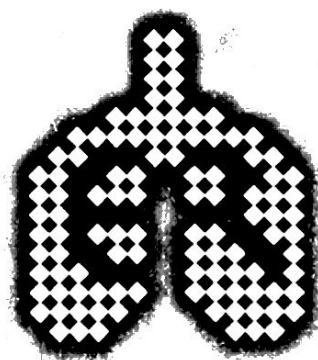
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P2575

Depression in the companions of patients with tuberculosis

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Treatment of tuberculosis (Tb) has some negative influences on both patients and their relatives.

In present study, mean depression scores related to some socio-demographical features of companions were compared. This study included 60 companions of patients with Tb who were hospitalized in Department of Chest Diseases between January and February 2004. Each companion was interviewed face to face. A questionnaire, which included Beck Depression Inventory and further questions measuring depression levels of companions, was used. Mean depression score of companions was 15.24 (range=0-63). Most of the companions were female (60%), married (60%) and housewife (38.3%). Mean age of companions was 34.4 years. Mean number of children of companions was 1.45 and 28.3% of companions were graduated from university. Most of the companions (75%) had no household with active Tb whereas approximately half of the companions had parents with Tb. Half of the companions were staying in hospital for a week and most of them (78.3%) did not report any problem with their families and environment. Levels of depression of companions were below the mean values. The mean depression scores of the companions reporting any problem with their families and environment were higher than those of not reporting ($p<0.05$). In this study being companion was an important problem in terms of depression. Problems such as depression and anxiety of companions whose relatives suffered from chronic diseases could be managed by group therapies.

P2576

The method of determining the mucociliary transport of the respiratory tract in a new modification

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The purpose of the study was to find a higher accuracy in the diagnosis of the mucociliary transport (MCT). The method of determining the MCT in its new modification is as follows: a saccharin crystal is applied to the surface of the mucous membrane of the median deviation of the inferior nasal passage and the time T1 of the appearance of first sensations of sweet taste in the oral cavity as well as the total time T2 till the moment saccharin enters the pharynx (appearance of acute bitter-sweet taste) are measured.

Methods: 40 patients with pulmonary tuberculosis (PT) and 14 normal persons were examined. Besides complete clinicoradiological studies of the patients and the controls, they underwent the MCT studies with the saccharine test in the conventional and our modification. The time of MCT (T1 and T2) was investigated before and after inhalation of 2 inhaled doses of bronchodilators (Berotec, Atrovent or Combivent).

Results: In the controls the duration of the T1 MCT was 12.6 ± 1.5 mins, $\dot{V}_E - 18.8 \pm 2.9$ mins ($p<0.05$). In 40 mins after inhalation of Combivent the T1 MCT reduced to 9.1 ± 0.7 , while the T2 MCT reduced to 15.5 ± 1.7 . In the patients with PT the initial phase of the (T1) MCT was 12.0 ± 0.4 mins and did not differ from the T1 of the control group. The total time the (T2) MCT in the patients with PT was by 1.9 mins longer than that in the controls and amounted to 20.7 ± 0.7 . After the inhalation of Berotec, in 15 mins, the T1 reduced by 4.8 mins being 7.2 ± 0.3 , while T2 was 12.8 ± 0.5 being reduced by 7.9 mins. In 40 mins after the inhalation of Atrovent, the T1 was 7.5 ± 0.4 being reduced by 7.5 mins.

P2577

The state of mucociliary transport in patients with pulmonary tuberculosis

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The purpose of this study was to investigate the functional state of the mucociliary system (MCS) and the effects produced by bronchodilators on the duration of mucociliary transport (MCT).

Materials and methods: Forty Patients with the destructive tuberculosis diagnosed for the first time were examined. The control consisted of 14 factually normal people. The functional state of the MCS was determined by the saccharin test. The duration of the MCT was determined prior and after by inhalation of the 2 inhaled doses of bronchodilators (Berotec H, Atrovent and Combivent).

Results: After the action of 2 doses of fenoterol (Berotec H) the time of MCT (TMCT) reduced from 12.0 ± 0.4 to 7.2 ± 0.3 minutes. After the inhalation of 2 doses of ipratropium (Atrovent) the TMCT reduced to 7.5 ± 0.5 minutes. The similar result was obtained in inhalation of 2 doses of combined inhaled bronchodilator (Combivent): the duration of the MCT reduced to 9.1 ± 0.7 . The duration of the MCT in the control group was 12.6 ± 1.5 minutes. In 40 minutes after inhalation of 2 doses of Combivent the TMCT reduced to 9.1 ± 0.7 minutes.

Conclusions: Individual Berotec and Atrovent produce a marked, equal in power, stimulating effect on the MCT. Our studies confirmed the possibility and advisability of using combined inhaled bronchodilator (Combivent) in patients with mucociliary insufficiency in the setting of pulmonary tuberculosis.

P2578

Two cases of gastrointestinal tuberculosis in children

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111 children with tuberculosis were treated in our hospital in last 3 years as a referral center for Central Poland. 27 of them had extrapulmonary tuberculosis. We would like to present 2 cases of gastrointestinal tuberculosis because of especially difficult diagnosis as a type of extrapulmonary tuberculosis.

7 years old girl was vaccinated against Tb with BCG after birth. She was admitted to a hospital with following symptoms: fever, weight loss, vomiting, abdominal pain, ascites. Laparotomy was performed because of acute abdominal symptoms. Pathological investigation of peritoneal biopsy revealed granulomatous inflammation with caseous necrosis. Culture of abdominal fluid- Bactec TB 460 and culture (L-J) showed growth of *Mycobacterium tuberculosis* complex. Chest x ray was negative. OT Mtx RT₂₃ 17 mm. Source of infection was not established.

1 year and 8 months old girl was vaccinated against Tb with BCG after birth. She was admitted to a hospital with following symptoms: chronic diarrhea with blood, fever, anorexia, weight loss, general condition severe. Chest X-ray at the beginning of her illness was normal, 1 month later chest X ray and chest CT scan showed tuberculous changes. OT Mtx RT₂₃ - 0 mm (negative energy). USG of abdomen revealed calcified mesenteric lymph nodes. Gastral lavage 3x- MTD Gen Probe, Bactec TB 460 and culture (L-J) showed growth of *Mycobacterium tuberculosis* complex. Mother had pulmonary tuberculosis.

249. Clinical and related features in pulmonary and extrapulmonary tuberculosis

P2579

Two cases of multifocal tuberculosis with intracranial tuberculomas

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Cerebral tuberculosis is a rare form of involvement of central nervous system. We present 2 cases of multifocal tuberculosis with intracranial tuberculomas. The patients were HIV negative. There was no known exposure to *Mycobacterium tuberculosis*, or any other serious illnesses. The most common clinical presentation was characterized by rapid onset of headache, sometimes followed by dizziness, seizures, impairment of consciousness and signs of focal neurological impairment. The time between onset of symptoms and hospitalization varied from 1 month to 2 months. Chest X-ray revealed miliary tuberculosis. Open biopsy of cervical node revealed necrotic tissue. Cerebral CT, and MRI showed two round foci in the frontal lobe (in the first case), and one focus in the left parietal lobe (at the second case). Ophthalmological examination revealed granulomatous anterior uveitis. The patients in our report had a good response to antituberculous therapy (plus initial administration of steroids). We suggest that even patients with no significant risk for tuberculosis and no major clinical manifestation can develop disseminated TBC with multiple foci that can also affect the central nervous system, causing intracranial tuberculomas and meningitis, which is life-threatening.

P2580

Institute of tuberculosis and pulmonology

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The aim of the investigation was to study peculiarities of the disease course and immunity state in children with small tuberculosis forms of intrathoracic lymphatic nodules. On the absence of treatment the small forms can develop into the large ones complicated with tuberculous meningitis. 43 children with small forms have been studied clinically and immunologically. The results obtained demonstrated that 60.5% of children had very few symptoms; 39.5% had no clinical symptoms. At a stage prior to a hospital admission percentage of diagnostic mistakes turned out to be 72%. Objective examination has revealed polyadenitis of peripheral lymphonodes, high sensitivity for tuberculin (more than 11mm), damage of 1-2 group of intrathoracic lymphatic nodules mainly with one-side localization. The most of patients revealed slight oppression of T-cellular immunity (CD3 - $65.62 \pm 3.21\%$, $p<0.05$ etc.) mainly on T-helper level (CD4 - $39.00 \pm 2.12\%$, $p<0.02$; CD4/CD8 - 1.49 ± 0.08 , $p<0.01$). Level of specific lymphocytes blast transformation with tuberculin (5.76 ± 0.43 ; $p<0.001$) and specific antibodies (IFA - 0.71 ± 0.07 units; $p<0.01$) was very high.

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