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Clinical and morphological changes in the kidneys in patients with pulmonary tuberculosis.

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Annotation: To develop the mechanism of development of concomitant diseases in the kidneys in patients with pulmonary tuberculosis and the concept of clinical and morphological changes in the kidneys.

Key words: pulmonary tuberculosis**,** chronic renal failure, cavernous tuberculosis.

Introduction.

Clinical and morphological changes in the kidneys in patients with pulmonary tuberculosis may include changes in the general urine analysis, such as the appearance of protein, leukocytes, bacteria and erythrocytes, as well as changes in the structure of the kidneys, including the formation of cavities (caverns) and narrowing of the ureters. Local symptoms may include back pain, frequent and painful urination, as well as changes in the color of urine, sometimes with an admixture of blood.

Clinical manifestations:

General symptoms:

-Deterioration of the general condition, weakness, fever, arterial hypertension.

Local symptoms:

-Back pain, often dull in nature, can radiate to the groin or genitals.

-Frequent and painful urination (dysuria), especially when the bladder is involved.

-Changes in urine: the appearance of protein (proteinuria), leukocytes (leukocyturia), erythrocytes (hematuria), bacteria, as well as changes in the color of urine.

-In some cases, pyuria (pus in the urine) and anuria (lack of urination) may occur.

Changes in the general urine analysis:

-Drops of pus are detected.

-Appearance of traces or moderate amounts of protein (proteinuria).

-Increased acidity of urine.

-Detection of modified leukocytes, bacteria and erythrocytes.

Specific symptoms:

-When the tuberculous process spreads to the ureter, its stenosis (narrowing) and strictures (narrowing) may occur.

Morphological changes:

-Microscopic foci of tuberculous inflammation in the kidney, which may not be noticeable during a routine examination.

-Formation of caverns (cavities) in the kidney, which can spread to the papillae and the renal pelvis, causing their destruction. Inflammation and deformation of the renal pelvis, which can lead to impaired urine outflow.

-Fibrous changes in kidney tissue.

-Clinical examination, including anamnesis and physical examination.

-Laboratory tests of urine and blood.

-Ultrasound of the kidneys and urinary tract.

-Excretory urography.

-Cystoscopy and kidney biopsy.

-Renal tuberculosis is often a secondary disease developing against the background of pulmonary tuberculosis. Therefore, in the presence of pulmonary tuberculosis, it is necessary to conduct an examination of the kidneys to identify possible changes. -Early diagnosis and treatment of renal tuberculosis are important to prevent the development of complications and chronic renal failure

Tuberculosis of extrapulmonary localizations, despite its rarity, plays a significant role in phthisiology. This is due to the higher frequency of fatal complications in some forms of extrapulmonary tuberculosis, the negative impact on the quality of life, and a high association with AIDS.

Tuberculosis of the genitourinary system ranks first in the structure of extrapulmonary tuberculosis morbidity in countries with a high incidence rate and third in countries with a favorable tuberculosis rate [1]. At first glance, urotuberculosis is a rather rare and insignificant disease. However, 77% of men dying from tuberculosis of any localization have tuberculosis of the prostate gland, not diagnosed during their lifetime - in Russia this is more than 10 thousand people annually [2]. Since tuberculosis is sexually transmitted and is one of the causes of infertility (both male and female) [3], the lack of attention paid to this problem becomes obvious.

For patients with urogenital tuberculosis, “habitus phthisicus” and symptoms of intoxication are not characteristic;there are no pronounced changes in the hemogram and pathognomonic symptoms; in isolated forms, there are no changes in the fluorogram of the respiratory organs. Of course, this complicates the timely recognition of the disease.

Diagnosis of tuberculosis of the genitourinary system occurs, as a rule, by appeal; in the structure of newly identified forms, advanced and complicated processes predominate. Thus,M. F. Babenko [4] observed 68 patients with cavernous tuberculosis of the kidneys. Among them, 54 (79.4%) regularly underwent formal medical examination, while 25 (36.2%) of them did not even undergo a general urine analysis. Only 11 (32.4%) patients with obvious laboratory manifestations of the disease (pyuria, macrohematuria, proteinuria) underwent a deep clinical examination. Of the 68 patients, 18 were treated in therapeutic departments with diagnoses of "chronic pyelonephritis", "epididymitis", "cystitis", "urolithiasis", "lumbosacral radiculitis", "prostatitis", etc. The tendency of urogenital tuberculosis to proceed under the guise of other diseases is also noted by other authors [3].

The fundamental symptom in previous conditions - aseptic pyuria - is currently found in no more than 25% of patients [6], the presence of characteristic radiological signs indicates a late diagnosis, since their appearance marks the stage of severe destruction.

The purpose of this study was to analyze the structure of urogenital tuberculosis, to identify the features of the clinical course of the disease at the present stage.

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