International Journal of
Health Systems and Medical Science

ISSN: 2833-7433
Volume 1 | No 5 | Nov-2022

Observation of Lower Urinary Tract Symptoms and Other Signs of Benign Prostatic Hyperplasia in Patients with Tuberculosis

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Abstract: In the world, in recent years, special attention has been paid to the negative impact of urological diseases on public health. Determining the true prevalence of urological diseases requires an assessment of the so-called. occult urological disease. Targeted screening of the population is more informative than analysis of health care visit data to address this issue. The reason for this is that treatment depends on many factors, such as the development of infrastructure and medical care, its availability, general and medical culture, habits, customs and mentality of the population, which affect their medical activity.

Keywords: urological pathology, surgical treatment, pulmonary tuberculosis, anti-tuberculosis chemotherapy.

Due to the existing climatic and ecological conditions, Bukhara region occupies one of the leading places in terms of urological diseases, in particular, urolithiasis (STK). In Bukhara region, STD incidence in 2016-2017 was 147-155 cases per 100,000 population per year, 60 cases per 100,000 populations according to the importance of the republic.

In the literature, there are publications about the prevalence of tuberculosis and co-morbidities, as well as surgical care for patients with tuberculosis with urological pathology. The clinic of tuberculosis and the effectiveness of its treatment, including the lungs, are mainly determined by the presence of intercurrent diseases that intensify a certain process and make it difficult to treat. The frequency of co-morbidity in patients with pulmonary tuberculosis is 80% to 100% [1;2;3].

Thus, indications for surgical treatment in patients with tuberculosis do not differ from cases without tuberculosis. An absolute contraindication for a specific procedure is the absence or insufficient anti-tuberculosis chemotherapy [4].

Studying the spread of urological diseases and its nature is of great importance, especially among patients with tuberculosis in some regions, for example, Bukhara region, which is located in an arid zone. Improvement of the existing ones, search for new, effective forms and methods of treatment and prevention of urological diseases, including the need to improve the quality of life and reduce disability in patients with tuberculosis, is of particular importance.

The aim of this study was to study the frequency and structure of urological pathology in patients with tuberculosis in an arid zone.

Materials and methods: To address this objective, 936 patients with different forms of tuberculosis were examined. 447 (47.8) men, 489 (52.2) women, patients' age ranged from 17 to 96 years. Different forms of pulmonary tuberculosis 504 (53.8%), osteoarticular tuberculosis - 196 (20.9%), MPT - 124 (13.4%), intrathoracic lymph node tuberculosis - 59 (6.3%). tuberculosis pleurisy - 35 (3.7%), peripheral lymph node tuberculosis - 14 (1.5%), skin tuberculosis - 1 (0.1%), abdominal tuberculosis - 2 (0.2%) , eye tuberculosis -1 (0.1%) in patients. We used the universal urological questionnaire developed by the urology department of the Tashkent Medical Academy. The

questionnaire contains questions related to lower urinary tract symptoms, urinary tract infection, urinary incontinence, and male genital pathology. Testing of the universal questionnaire was previously conducted among patients who applied to the treatment-diagnostic department of the Republican Center for Scientific and Practical Medicine of Specialized Urology (RSNPMTSU), and it showed its high information content.

The obtained data were documented using specially designed examination charts that included objective examination data, ultrasound results (ultrasound examination) and urine test data. All the obtained data were then entered into a specially designed computer program for statistical processing and accounting.

The survey procedure was as follows: after completing the survey and filling out the questionnaire, they began an external examination, paying attention to the condition of the skin, the presence of skin marks, which indicated past injuries and could indicate operations. To check for urolithiasis, the symptoms of the disease were determined, which allows us to obtain reliable information about its prevalence. These signs include:

- anamnesis data, taking into account the operations or other interventions performed for the removal of stones or their spontaneous passage;
- kidney, bladder and bladder stones, diagnosed by ultrasound;
- salt crystals in the kidney cavities detected by ultrasound examination, found in urine sediment under his microscope, this is a sign of Pre- or microlithiasis.

In the analysis of the UTS data of the organs of the urinary system, attention was paid to morphological changes in the calico-pelvic bone system and renal parenchyma (hydronephrosis, hydrocalycosis, cyst formation, tumors, etc.), signs of stones and salt conglomerates in the renal cavities. was determined.

Special attention was paid to microscopy and pH indicators during the examination of urine. The last indicator was determined especially when assessing the conditions of crystal formation and determining preventive measures.

A urine sediment microscope was needed to identify urine crystals, determine their mineral content and quantity. Crystalluria is diagnosed when <3 crystals in 1 ml of urine are found in the counting chamber, corresponding to 104-105 or more in 1 ml.

The following criteria were used to diagnose "urinary tract infections" (UTI):

- ✓ the presence of SYI signs identified in the universal questionnaire;
- ✓ leukocyturia and bacteriuria, determined using a urine microscope.

The basis for the diagnosis of genitourinary tuberculosis (UTI) was clinical, radiological and microbiological data on Mycobacterium tuberculosis (urine microscopy and pathological material in Zil-Nielsen, culture on solid and liquid media, as well as the GenXpert method).

Research results: As a result of examination of 936 patients with various forms of tuberculosis, urological pathology was detected in 332 patients, which was 35.5% of the examined patients. Analysis of the structure of the detected urological pathology showed that 88 (26.5%) patients had hyperplasia of the prostate gland (PBXG), 47 (14.1%) uncomplicated SYI, 18 (5.5%) urolithiasis, 34 (10, 2%) various forms of urinary incontinence, 7 (2.1%) - erectile dysfunction (ED), 5 (1.5%) - nephroptosis, 5 (1.5%) - hydronephrosis (ureterohydronephrosis) and 124 (37.3%) - various forms of genitourinary tuberculosis. It should be noted that we specifically included PBXG patients in the examination in order to identify the unaccounted complaints of the patients and to identify the accompanying urological pathology.

As can be seen from the table, urological pathology is detected in almost all clinical forms of pulmonary tuberculosis and extrapulmonary localization, but in the infiltrative form is more common - up to 28.1%. It is also necessary to show the high frequency of PBXG in patients with tuberculosis - up to 26.5% in urological pathology, which is related to the older age of men. PBXG identified 18

(1.9%) of 936 TB patients. These data show a high frequency and are associated with PBXG disease in the population living in the Bukhara region (arid zone).

Conclusion: The use of universal urological questionnaire allowed screening for urological pathology and showed its high information content among patients with tuberculosis. Together, the findings indicate a high specific severity of urological pathology - up to 35.5% in this category of patients, which undoubtedly requires special treatment tactics.

The relative burden of STS was 1.9% of 936 patients with tuberculosis. These data indicate a high frequency and are associated with STS disease in the population living in the Bukhara region (arid zone).

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