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Chronic Obstructive Pulmonary Disease and Respiratory Tuberculosis: How to See the Combined Pathology and Make a Diagnosis?

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Objectives: In recent years, there has been an increase in the number of patients with respiratory tuberculosis, in whom a specific process is combined with various diseases, among which chronic obstructive pulmonary disease COPD plays a leading role. This disease occurs in all forms of pulmonary tuberculosis, however, COPD most often develops in patients with chronic destructive forms of pulmonary tuberculosis CDPT76.9%. The present study reports the features of the pulmonary tuberculosis in patients with COPD.

Methods: The present study reports the 81 patients who were examined in therapeutic departments of Tuberculosis Hospital N 4 in Baku, Department of lung diseases, Azerbaijan Medical University.

Results: COPD developed most frequently as a result of fibro-cavernous pulmonary tuberculosis 48.1%, cirrhotic pulmonary tuberculosis contributed to the development of COPD in 30.9% of cases, and in 17 21.0% cases of COPD developed as a result of chronic disseminated pulmonary tuberculosis. The main risk factor for the development of COPD in all forms of tuberculosis was smoking. In 85.1% of cases, COPD developed during smoking experience of more than 10 years, in the remaining 14.9% of cases of COPD in patients with pulmonary tuberculosis developed with smoking for up to 5 years. COPD is often associated with common forms of chronic destructive pulmonary tuberculosis. In 72.8% of COPD developed against the background of specific process when the specific process prevalence more 2_2-lung lobes. The peculiarity of the clinical picture of COPD was that for a long time the disease was without marked clinical manifestations. Therefore, the differential diagnosis of COPD in pulmonary tuberculosis causes considerable difficulties. Concomitant COPD often proceeds unnoticed, as it has a clinical picture similar to chronic forms of tuberculosis. Therefore, for the timely detection of COPD in patients with chronic long-term forms of respiratory tuberculosis, it is necessary to periodically carry out spirographic studies to determine the FEV1 and the ratio of FEV1/FVC. In patients with pulmonary tuberculosis obstructive syndrome is defined as a decrease in FEV 1 <80% of normal values when combined with a reduction in FEV 1/FVC <70%

Conclusion: Thus, long-term, widespread chronic destructive respiratory tuberculosis with frequent exacerbations of a specific process is a significant risk factor for developing COPD, which is clinically difficult to distinguish from a background disease. In patients with chronic forms of tuberculosis of the respiratory system, periodic measurement of FEV1 can promptly establish the accession of COPD to the main specific pulmonary process.

Keywords: Chronic destructive pulmonary tuberculosis, chronic obstructive pulmonary disease