NOVATEUR PUBLICATIONS
JournalNX- A Multidisciplinary Peer Reviewed Journal
ISSN No: 2581 - 4230
VOLUME 9, ISSUE 10, October -2023

CLASSIFICATION OF ABDOMINAL TUBERCULOSIS

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Annotation:
This article discusses the clinical classification, symptoms of abdominal tuberculosis.

Keywords: abdominal tuberculosis, classification,pathogenesis, symptoms

The clinical classification of tuberculosis of the abdominal organs is part of the classification of tuberculosis. It includes, as independent forms, only tuberculosis of the intestines, peritoneum and tuberculous mesadenitis , and its other localizations are counted as “other”. In the international classification of tuberculosis in the headings “A18.3 Tuberculosis of the intestines, peritoneum and mesenteric lymph nodes” the following are distinguished:1-intestinal tuberculosis;2 - peritoneal tuberculosis;3 - tuberculosis of mesenteric lymph nodes;4 – other localization; 5 – combined lesions and “A18.8 Tuberculosis of other specified organs”:4 – tuberculosis of the esophagus;6 – other localizations (ICD-10 revision).

In the clinical classification of tuberculosis in extrapulmonary localizations, sections are distinguished: systemic localizations of tuberculosis - tuberculosis of the abdominal organs; clinical forms - peritoneal tuberculosis, intestinal tuberculosis, tuberculous mesadenitis , tuberculosis of other abdominal organs (A18.8); additional characteristics - stages of tuberculous mesadenitis - I - proliferative, II - caseous, III - abscess formation , IV - ulcerative-fistula; complications of the active process - a) specific - abscesses, interintestinal fistulas, peritonitis, b) anatomical and functional - adhesive disease, intestinal obstruction, perforation, bleeding, etc.; residual changes and consequences of organ lesions - a) residual effects - calcifications of the abdominal cavity, b) consequences - chronic colitis, adhesive disease.

Our own research and literature in recent years indicate an increase in cases of abdominal tuberculosis in the last two decades. The diagnosis of abdominal tuberculosis is especially important in connection with the HIV/AIDS epidemic. The proposed classifications do not currently fully reflect the problem of abdominal tuberculosis - its pathogenesis, structure, clinical picture, and course features. And in the proposed definitions of tuberculosis of the digestive organs of various localizations, due to different classification approaches, its forms are called differently. For example, tuberculosis of the intestine and other parts of the gastrointestinal tract is divided by various authors into ulcerative, stenotic , miliary, hypertrophic (tumor-like), hyperplastic, fibrous- skerotic , cicatricial-sclerotic, mixed, nodular - ulcerative, infiltrative-sclerotic, infiltrative, infiltrative-ulcerative forms (Mirzoyan E.Z., 1960; Terekhova T.G. et al., 1969; Biber O.I. et al., 1974; Krivokhizh V.M., 1987; Komarov F.I. et al., 1995, 1996; Yuditsky M.V. et al., 1996; Maev I.V., Samsonov A.A., 2005; Phthisiology: national guidelines, 2007). There are tubercular, exudative, adhesive , exudative- adhesive and caseous-ulcerative forms of tuberculous peritonitis (Golonzko R.A., 1928; Palmov V.A., 1950; Mirzoyan E.Z., 1960; Pinskaya R.M., 1960; Phthisiology: national guidelines, 2007), infiltrative, caseous and fistulous forms of tuberculous lymphadenitis (Bellendir E.N., 2003; Garbuz A.E., 2005). Liver tuberculosis is divided into miliary, diffuse, focal, forms and tuberculomas (Phthisiology: national manual, 2007;

http://www.astromeridian.ru/medicina/3/4693.html), splenic tuberculosis - into miliary form and tuberculoma (Krakow E.A., 1973; Lantsova N.A., Ryabokon A.G., 1989; Smakov G. et al., 2001; Singh R. et al ., 1989; Gonzalez-Lopes A., 1997). This can be explained by different approaches to determining the clinical forms of abdominal tuberculosis in different localizations (Garbuz A.E. et al., 2003).

Some authors rely only on the clinical picture, others - on post-morphological changes in organs. In connection with the above, there is a need to unify classification approaches for abdominal tuberculosis. As we received information and comprehended it, we proposed a clinical classification of abdominal tuberculosis, which is being adjusted to this day (Aryamkina O.L., Savonenkova L.N., 2008). The accumulated material allows one to clarify the modern features of the pathogenesis, clinical picture, course and outcomes of abdominal tuberculosis and propose its classification for wide discussion.

Classification of abdominal tuberculosis

(Aryamkina O.L., Savonenkova L.N., 2010)

Period of infection: - primary; - secondary.

Process phase:

- active – infiltration, decay; - inactive – resorption, thickening, calcification.

Bacterial excretion :

- MBT “+”;
- MBT " -" .

Prevalence:

- monoorgan , or limited (one organ of the abdominal cavity is affected); - multiorgan , or widespread (two or more abdominal organs are affected).

Involvement of other organs and systems:

- isolated (only the digestive organs are involved);
- combined (the lungs and/or other organs and systems are also involved).

Pathogenesis:

- reactivation of foci of endogenous infection in the abdominal cavity; - hematogenous ;
- lymphogenous ;
- lymphohematogenous;
- sputogenic ;
- contact (along the length).

Morphological manifestations:

- predominantly alterative type of inflammation;
- predominantly productive proliferative type of inflammation;
- mixed (alternative-proliferative) type of inflammation;
- the presence of a paraspecific component of inflammation;

Flow:
- inapperceptive ;
- spicy
- clinical cure within a year;
- subacute
- prolongation of the clinic from one year to 1.5 years;
- chronic
- several relapses over a number of years.

Structure:
- abdominal tuberculous lymphadenitis (with damage to mesenteric , other intra-abdominal and/or retroperitoneal lymph nodes);
- gastrointestinal tuberculosis (damage to the upper digestive tract and intestines);
- tuberculosis of parenchymal organs (liver, spleen, pancreas);
- tuberculous abdominal serositis (damage to the peritoneum, omentum).

Localizations:
- tuberculosis esophagus (tuberculous esophagitis); - tuberculosis stomach (tuberculous gastritis);
- tuberculosis duodenum intestines (tuberculous duodenitis);
- tuberculosis gall bladder (tuberculous cholecystitis);
- tuberculosis of intrahepatic bile ducts (tuberculous cholangitis); - liver tuberculosis (tuberculous hepatitis);
- tuberculosis spleen (tuberculous splenitis);
- tuberculosis pancreas glands (tuberculous pancreatitis);
- tuberculosis peritoneum (tuberculous peritonitis);
- tuberculosis omentum (tuberculous omentite); - tuberculosis diaphragm (tuberculous diaphragm);
- tuberculosis thin intestines (tuberculous enteritis);
- tuberculosis thick intestines (tuberculous colitis);
- tuberculosis everyone departments intestines (tuberculosis enterocolitis);
- tuberculosis of the appendix (tuberculous appendicitis);
- tuberculosis of mesenteric lymph nodes (tuberculous mesadenitis);
- tuberculosis of other intra-abdominal lymph nodes;
- tuberculosis of the retroperitoneal lymph nodes.

Clinical and morphological forms:
- abdominal tuberculous lymphadenitis
- infiltrative, caseous, fistulous;
- gastrointestinal tuberculosis – infiltrative , ulcerative and infiltrative-ulcerative;
- tuberculosis of parenchymal organs
- miliary , focal, organ tuberculomas , cavernous;
- tuberculous abdominal serositis - tubercular , exudative, adhesive and caseous-ulcerative.

Complications:

Are common

- tuberculosis intoxication;
- lymphohematogenous dissemination beyond the abdominal organs;
- amyloidosis. Organ - perforation of tuberculous gastrointestinal ulcers;
- fibrinous-purulent peritonitis;
- intestinal obstruction;
- adhesive disease;
- abscess formation ;
- interintestinal , interorgan , external fistulas;
- stenosis of hollow organs;
- ascites;
- acute and repeated gastrointestinal bleeding;
- portal hypertension of the subhepatic type;
- hepatocellular failure.

Outcomes:

- recovery without residual changes;
- recovery with residual changes (calcifications of the liver, spleen, pancreas, lymphatic system);
- death.

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