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TUBERCULOSIS TREATMENT FAILURE COURSE FEATURES IN PATIENTS WITH LOW TOTAL CHOLESTEROL LEVEL

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Nowadays the role of cholesterol in the course of the disease is being actively studied. Cholesterol in the human body is usually the source of energy for mycobacterium tuberculosis and therefore contributes to their long-term existence. It is determined that the levels of total cholesterol (TCh) in the blood of patients with tuberculosis are significantly lower than in healthy individuals, and anti-tuberculosis chemotherapy mostly helps to normalize its level. However, the course of tuberculosis in patients with low TCh has not been studied.

Purpose. To identify clinical and radiological features of the tuberculosis treatment failure (TTF) course in patients with low TCh.

Materials and methods. 42 TTF patients who were treated at the Zaporizhzhia regional antituberculosis dispensary during 2017-2019 were examined. All the patients had newly diagnosed tuberculosis and TTF was diagnosed after 3-4 months of treatment. The patients were divided into 2 groups. Group 1 included 34 patients with normal TCh levels (over 3 mmol/l). 2 group included 8 patients with low TCh levels (less than 3 mmol/l). Patients did not differ in age and gender characteristics in groups, p>0,05. All the patients had susceptible tuberculosis. Clinical, radiological, functional (ventilatory capacity) and laboratory parameters (sputum analysis, clinical blood test) were evaluated in patients at the beginning of treatment. The level of TCh was determined by the biochemical method according to the standard method. Statistical processing of their data was carried out using the program "STATISTICA for Windows 13.0".

Results. Widespread pulmonary process (with lesions of more than 2 segments of the lung) was determined in most parts of both 1 and 2 groups: 87,5 % versus 70,6 %, p>0,05. Destruction in the lungs is also present in 91,2 % of patients in group 1 and in 100,0 % in group 2, p>0,05. However, the proportion of patients with destructive lesions greater than 3 cm was predominant in patients of group 1: 61,3 % of destructions had sizes larger than 3 cm, versus 37,5 % of destructions of patients in group 2, p<0,05. The vast majority of patients in both groups had bacterial excretion: 88,2 % in group 1 and 75,0 % in group 2, p<0,05. Tuberculosis of bronchi and pleural cavity took place in 1/5 of patients in both 1 and 2 groups, p>0,05. Leukocytosis was present in 23,5 % of patients in group 1 and in 25,0 % in

group 2, p>0,05. Anemia was detected in 75,0 % of patients in group 1 and only in 11,8 % of patients in group 2, p<0,001. Ventilation failure was observed in more than half of the patients: 55,9 % of the group 1 and 62,5 % of the group 2, p>0,05.

Conclusions. The most part of patients with TTF with low level of TCh have destructions in lungs greater than 3 cm in diameter and anemia in blood analysis. It may indicates the negative role of low level of TCh in the course of disease in patients with TTF.