

ASSESSMENT OF THE CLINICAL COURSE OF PULMONARY TUBERCULOSIS

Kim Antonina Amurovna,
Makhmanazarov Agzam Anvar ugli,
Ganiev Islom Dustmurodovich
Samarkand State Medical University

Relevance

Tuberculosis in the elderly occupies an important place due to its epidemiological and clinical-pathogenetic characteristics. Timely detection of pulmonary tuberculosis in elderly and senile individuals is significantly more difficult than in young and middle-aged patients. This population group often remains outside the regular scope of medical supervision, as retirees represent a non-organized segment of the population in terms of preventive examinations, diagnosis, and treatment. In addition, the early clinical manifestations of tuberculosis (weakness, fatigue, sweating, decreased appetite, weight loss, etc.) in this age group are frequently interpreted by physicians as age-related changes.

Objective

To study the clinical features of the course of pulmonary tuberculosis in elderly and senile patients.

Materials and Methods

We analyzed clinical observations of 60 patients aged 60–83 years who were hospitalized at the Samarkand Regional Center of Phthisiology and Pulmonology during 2024–2025.

Results

Among the examined patients, 34 (57%) were men and 26 (43%) were women. Attention should be paid to the distribution by place of residence, where the majority were from the Turkestan Valley – 13 (21%).

The following clinical forms of pulmonary tuberculosis were identified:

- Focal – 3 (5%)
- Infiltrative – 30 (50%)
- Disseminated – 15 (25%)
- Fibrous-cavernous – 7 (12%)
- Cirrhotic – 5 (8%)

Analysis of clinical manifestations showed that in most patients, symptoms of intoxication masked the manifestations of pulmonary tuberculosis. Weakness was present in 42 (70%) patients; fever in 20 (33%); night sweats in 21 (35%); weight loss in 32 (53%); decreased appetite in 36 (60%).

The bronchopulmonary symptom complex included cough in 52 (87%) patients; hemoptysis was observed in 8 (13.3%) cases. Shortness of breath was reported by 28 (47%) patients, and chest pain by 15 (25%). Therefore, most patients demonstrated evident clinical manifestations of pulmonary tuberculosis.

The premorbid background included:

- Diabetes mellitus – 8 (13.3%)
- Hypertension and ischemic heart disease – 25 (41.6%)
- Gastrointestinal diseases – 6 (10%)
- Central nervous system diseases – 5 (8.3%)
- Non-specific lung diseases – 4 (6.6%)

Bacterial excretion was detected in 40 (66.6%) patients; destructive changes were observed in 5 (8.3%) cases. Using simple sputum smear microscopy, bacterial excretion was confirmed in 17 (28.3%) patients.

Conclusion

Thus, pulmonary tuberculosis in elderly and senile patients often presents with acute and subacute courses, accompanied by clinical symptoms that are masked by concomitant diseases and characterized by a relatively low percentage of bacterioexcretion.

References

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