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Pulmonary Medicine

PULMONARY TUBERCULOSIS: A REVIEW ARTICLE

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ABSTRACT Tuberculosis is seen disproportionately in the poor, the underserved, and minoritis. Individuals at risk for TB include homeless persons, resident of inner-city neighbourhood, foreign- borns persons, older adult, those in institutions, injection drug users, persons at poverty level, and those with poor access to health care. Health care workers with increased exposure to TB are considered at high risk.

KEYWORDS :

INTRODUCTION

Tuberculosis(TB) is one of the most prevalent infections of human beings and contributes considerably to illness and death around the world. It is spread by inhaling tiny droplets of saliva from the coughs or sneezes of an infected person. It is a slowly spreading, chronic,granulomatous bacterial infection, characterized by gradual weight loss.

DEFINITION

Tuberculosis (TB) is an infectious disease that primarily affects the lungs parenchyma. It also may be transmitted to other parts of the body, including the meninges, kidney, bones, and lymph nodes.

INCIDENCE OF PRIMARY TUBERCULOSIS

- The increased incidence of AIDS, TB has become more a problem in the U.S, and the world.
- It is currently estimated that ½ of the world's population (3.1 billion) is infected with mycobacterium tuberculosis
- Global emergency tuberculosis kills 5000 people a day
- 2.3 million die each year

RISK FACTORS AND ETIOLOGICAL FACTORS

1. Close contact with some one who have active TB
2. Immune compromised status (elderly, cancer)
3. Drug abuse and alcoholism
4. People lacking adequate health care
5. Pre existing medical conditions (diabetes mellitus, chronic renal failure)
6. Immigrants from countries with higher incidence of TB
7. Institutionalisation (long term care facilties)
8. Living in substandard conditions
9. Occupation(health care workers)

- Mycobacterium tuberculosis
- Droplet nuclei (coughing , sneezing, laughing)
- Exposure to TB

CLASSIFICATION

Data from history , physical examination, TB test, chest x-ray, and microbiologic studies are used to classify TB into one of five classes.

CLASS 0 : no exposure , no infection
CLASS 1: exposure, no evidence of infection
CLASS 2: latent infection , no disease(eg, positive PPD reaction but no clinical evidence of Active TB)
CLASS 3 : disease, clinically active
CLASS 4 : disease, not clinically active
CLASS 5 : suspected disease, diagnosis pendings

STAGES OF TUBERCULOSIS

- Early infection
- Immune activation
- Healing of the primary lesion
- Latent period
- Secondary tuberculosis

CLINICAL MANIFESTATION

- Low-grade fever
- Cough
- Anorexia
- Night sweats
- Fatigue
- Weight loss
- Hemoptysis

ASSESSMENT AND DIAGNOSTIC FINDINGS

- History collection
- Physical examination
- Chest x-ray
- Bronchoscopy
- Sputum examination and cultures
- Tuberculin skin test
- Chest CT scan
- Thoracentesis
- QuantiFERON -TB Gold Test
- Pulmonary function tests

• MEDICAL MANAGEMENT

I.v.therapy ; saline lock
Treatments; chestphysiotherapy,postural drainage, and incentive spirometry

Precautions ; standard
Antibiotics ; streptomycin
Antituberculosis ; isoniazid (INH), ethambutol(myambutol)
Rifampin (Rifadin), pyrazinamide (pms- pyrazinamide)

• SURGICAL MANAGEMENT

The advantage of minimally invasive thoracic surgery allows a wider range of TB patients to be consided for effective surgical management.

-Thoracoplasty
-Lobectomy

COMPLICATIONS OF PULMONARY TUBERCULOSIS

- Haemoptysis
- Spontaneous pneumothorax
- Pleural effusion
- Cardio pulmonary insufficiency

CONCLUSION;

Pulmonary tuberculosis is the communicable disease and its dead full condition. As a health care professional mainly giving knowledge about the proper sanitation, good ventilation. Government are giving DOTS therapy ,examination and follow-up has been rendered.

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