

TUBERCULOSIS AND LUNG DISEASE

September 20-21, 2017 | Philadelphia, USA

Clinical features of Urogenital tuberculosis

Ekaterina Kulchavenya
Russia

Introduction: Urogenital tuberculosis (UGTB) is one of the most common forms of tuberculosis (TB) after pulmonary TB.


Material & Methods: With purpose to estimate clinical features of UGTB we analyzed history cases of 131 patients who were under supervision in Novosibirsk anti-TB dispensary in 2008-2011 years.

Results: Among 131 pts with UGTB 88 (67.2%) had isolated kidney TB (KTB): 10 pts (10.2%) – TB of parenchyma, 35 pts (39.8%) – papillitis, 22 pts (22.4%) - cavernous KTB, 21 pts (21.4%) - polycavernous KTB; in 10 pts alongside with polycavernous KTB male genital TB (MGTB) was diagnosed. In 33 pts (25.2) MGTB only was revealed: in 14 – orchiepidydidimitis, and in 19 – prostate TB. Main clinical features were pain (flank or perineal), dysuria, hematuria, hemospermia, toxicity, but their frequency varied from 0 till 60.0% in different groups. Among all cohort of UGTB asymptomatic course was in 12.2%, among kidney TB - in 15.9%. Every third patient complained of flank pain and dysuria (accordingly 35.2% and 39.8%), 17% presented toxicity symptoms, 9.1% - renal colic, 7.9% - gross-hematuria.

MBT was found in 31.8% in isolated kidney TB as whole. Sterile pyuria was in 25%. The onset of TB orchiepidydidimitis was in 35.7%, hemospermia - in 7.1%, dysuria - in 35.7%. Most common complaints for prostate TB were perineal pain (31.6%), dysuria (also 31.6%), hemospermia (26.3%). MBT in prostate secretion / ejaculate was revealed in this group in 10.5%.

Conclusion: UGTB is multivariant disease, and standard unified approach is impossible. Join term “UGTB” has insufficient information in order to estimate therapy, surgery and prognosis – as well as to evaluate the epidemiology. Using clinical classification will improve the efficiency of the therapy of UGTB.

e: ku_ekaterina@mail.ru

 Notes: