

# ВЕСТНИК

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**Ассоциация  
Пульмонологов  
Центральной Азии**



**Association of  
Pulmonologists of  
Central Asia**

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# КЛИНИЧЕСКАЯ МЕДИЦИНА

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## THE ROLE OF SOCIAL FACTORS ON THE COURSE OF MDR-TB WITH CO-INFECTION WITH VIRAL HEPATITIS "C" AND "B"

**Abstract.** Dual infections of multidrug-resistant tuberculosis (MDR-TB) or rifampicin-resistant tuberculosis (RR-TB) and hepatitis C virus (HCV) have resulted in nearly half a million cases of MDR-TB annually worldwide and 71 million people living with HCV. Aim of the study to analyze the features of the course of MDR-TB when combined with viral hepatitis "C" and "B". We examined 192 MDR-TB patients aged from 20 to 70 years who were undergoing inpatient treatment in the 2-therapeutic department of the Tashkent City Clinical Hospital of Phthisiology and Pulmonology (TCCHPhP) in the city of Tashkent in 2021-2022. It was found that out of 192 patients, 48 (25%) were diagnosed with viral hepatitis. Accordingly, the development included 48 patients with co-infection with MDR-TB and viral hepatitis. Of these, 4 (8.4%) were newly diagnosed patients, 44 (91.6%) were previously treated. The spectrum of viral hepatitis was as follows: 37 patients had viral hepatitis C (77.1%), 5 patients had a combination of viral hepatitis "C" and "B" (10.4%) and 6 had viral hepatitis "B" (12.5%). Among those examined, the social characteristics of the patients played an important role. Thus, the bulk were unemployed—45 (93.8%). Workers and employees account for only 3 (6.2 %) people. 26 people had a criminal record, which accounted for 54.1% of patients. Persons without a fixed place of residence made up 10 (20.8%) patients. Almost all patients had secondary education - 44 (91.6%), 2 (4.2%) patients had higher education. All patients had bad habits: smoking was noted in 34 (70.8%) patients, alcohol abuse - in 10 (20.8%), injecting drugs - 8 (16.6%) and nasvay use - in 4 (8, 4%). Moreover, more than half of the patients had two or three bad habits - 25 (52.1%). In conclusion the study of medical and social characteristics made it possible to establish that patients with MDR/RR tuberculosis in combination with viral hepatitis belong in most cases to a socially maladjusted contingent ( 76.2% ). The presence of bad habits, and in more than half of the cases two or three, as well as the presence of a criminal record (54.1%), persons without a fixed place of residence (20.8 %), alcohol abuse (20.8%), injection drugs use (16.6%) significantly affects the treatment process.

**Key words:** MDR-TB, viral hepatitis "C" and "B".

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## "C" VA "B" VIRUSLI GEPATITLAR BILAN KO-INFEKTSIYALANGAN KDCh-TB KECHISHIDA IJTIMOIIY OMILLARNING ROLI

**Xulosa.** Ko'p doriga chidamli tuberkulyoz (KDCh-TB) yoki rifampitsinga chidamli (RCh-TB) va gepatit C virusining (GCV) koinfektsiyasi dunyo bo'ylab har yili deyarli yarim million KDCh-TB holatiga va GCV bilan yashaydigan 71 million odamga to'g'ri keladi. Tadqiqot maqsadi KDCh-TB kasalligining "C" va "B" virusli gepatitlari bilan birgalikda kelganda tuberkulez kechishining o'ziga xos xususiyatlarini o'rganish bo'ldi. 2021-2022-yillarda Toshkent shahar ftiziatriya va pulmonologiya klinik shifoxonasining (TShFvaPKSh) 2-terapevtik bo'limida statsionar davolanayotgan 20 yoshdan 70 yoshgacha bo'lgan 192 nafar KDCh-TBga chalingan bemorlarni tekshirdik. Aniqlanishicha, 192 nafar bemorning 48 nafari (25%) virusli gepatit aniqlangan. Shunga ko'ra, tadqiqot KDCh-TB va virusli gepatit bilan birgalikda infeksiyalangan 48 bemorni o'z ichiga oldi. Ulardan 4 nafari (8,4 foiz) yangi tashxis qo'yilgan, 44 nafari (91,6 foiz) avval davolangan bemorlardir. Virusli gepatitning spektri quyidagicha edi: 37 bemorda virusli gepatit C (77,1%), 5 bemorda "C" va "B" virusli gepatitlari (10,4%) va 6 bemorda "B" virusli gepatit (12,5) bo'lgan. Ko'rib chiqilganlar orasida bemorlarning ijtimoiy xususiyatlari muhim rol o'ynadi. Shunday qilib, asosiy qismini ishsizlar tashkil etdi - 45 kishi (93,8%). Ishchilar va xizmatchilar atigi 3 (6,2%) kishini tashkil qiladi. 26 kishi sudlangan bo'lib, bu bemorlarning 54,1% ni tashkil etdi. Bemorlarning 10 nafari (20,8%) doimiy yashash

joyi bo'lmagan shaxslar tashkil etdi. Bemorlarning deyarli barchasi o'rta ma'lumotga ega - 44 (91,6%), faqat 2 (4,2%) bemor oliy ma'lumotga ega. Barcha bemorlarda zararli odatlar bor edi: chekish 34 (70,8%) bemorda, spirtli ichimliklarni suiste'mol qilish - 10 (20,8%), in'ektsion giyohvand moddalarni iste'mol qilish - 8 (16,6%) va nosvoy iste'mol qilish - 4 (8%). Bundan tashqari, bemorlarning yarmidan ko'pi ikki yoki uchta zararli odatlarga ega - 25 (52,1%). Xulosa qilib aytganda, tibbiy-ijtimoiy xususiyatlarni o'rganish KDCh-TB kasalligi bilan og'rigan bemorlarning virusli gepatit bilan birgalikda ko'p hollarda ijtimoiy moslashtirilmagan kontingentga (76,2%) tegishli ekanligini aniqlashga imkon berdi. Zararli odatlarning mavjudligi va yarmidan ko'pi ikki yoki uchta holatda, shuningdek, sudlanganligi (54,1%), doimiy yashash joyi bo'lmagan shaxslar (20,8%), spirtli ichimliklarni suiste'mol qilish (20,8%), in'ektsion giyohvand moddalarni iste'mol qilish (16,6%) davolash jarayoniga sezilarli ta'sir ko'rsatadi.

**Kalit so'zlar:** KDCh-TB, "C" va "B" virusli gepatitlar

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### РОЛЬ СОЦИАЛЬНЫХ ФАКТОРОВ В ТЕЧЕНИИ МЛУ-ТБ ПРИ КО-ИНФЕКЦИИ С ВИРУСНЫМИ ГЕПАТИТАМИ «С» И «В»

**Резюме.** Двойная инфекция туберкулеза с множественной лекарственной устойчивостью (МЛУ-ТБ) или туберкулеза с устойчивостью к рифампицину (РУ-ТБ) и вируса гепатита С (ВГС) привела к почти полумиллиону случаев МЛУ-ТБ ежегодно во всем мире и к 71 миллиону человек, живущих с ВГС. Цель исследования - проанализировать особенности течения МЛУ-ТБ при сочетании с вирусными гепатитами «С» и «В». Обследовано 192 больных МЛУ-ТБ в возрасте от 20 до 70 лет, находившихся на стационарном лечении во 2-терапевтическом отделении Ташкентской городской клинической больницы фтизиатрии и пульмонологии (ТКГКБ) города Ташкента в 2021-2022 годах. Установлено, что из 192 больных у 48 (25%) диагностирован вирусный гепатит. Соответственно, в разработку вошли 48 больных с сочетанной инфекцией МЛУ-ТБ и вирусным гепатитом. Из них 4 (8,4%) были впервые выявленными пациентами, 44 (91,6%) находились на лечении ранее. Спектр вирусных гепатитов был следующим: у 37 больных был вирусный гепатит С (77,1%), у 5 больных — сочетание вирусных гепатитов «С» и «В» (10,4%) и у 6 — вирусный гепатит «В» (12,5%). Среди обследованных важную роль играли социальные характеристики больных. Таким образом, основную массу составили безработные — 45 человек (93,8%). Рабочие и служащие составляют всего 3 (6,2 %) человека. Судимость имели 26 человек, что составило 54,1% больных. Лица без определенного места жительства составили 10 (20,8%) больных. Почти все пациенты имели среднее образование - 44 (91,6%), высшее образование имели 2 (4,2%). Все пациенты имели вредные привычки: курение отмечено у 34 (70,8%) пациентов, злоупотребление алкоголем - у 10 (20,8%), употребление инъекционных наркотиков - у 8 (16,6%) и употребление насвая - у 4 (8,4%). При этом более половины больных имели две-три вредные привычки - 25 (52,1%). В заключение исследование медико-социальной характеристики позволило установить, что больные МЛУ/РУ-туберкулезом в сочетании с вирусными гепатитами относятся в большинстве случаев к социально дезадаптированному контингенту (76,2%). Наличие вредных привычек, а в более чем половине случаев двух-трех, а также наличие судимости (54,1%), лиц без определенного места жительства (20,8%), злоупотребления алкоголем (20,8%), употребление инъекционных наркотиков (16,6%) существенно влияет на процесс лечения.

**Ключевые слова:** МЛУ-ТБ, вирусные гепатиты «С» и «В».

**Relevance.** Dual infections of multidrug-resistant tuberculosis (MDR-TB) or rifampicin-resistant tuberculosis (RR-TB) and hepatitis C virus (HCV) have resulted in nearly half a million cases of MDR-TB annually worldwide and 71 million people living with HCV [1, 2]. According to a multi-country study, the prevalence of HCV infection among patients with MDR-TB was 12% [3]. Drug-induced liver injury (DILI) is one of the most common adverse events in MDR-TB treatment and is more likely to occur in MDR-TB patients coinfecting with HCV [4].

**Aim of the study:** to study the features of the course of MDR-TB when combined with viral hepatitis "C" and "B".

**Materials and methods of research:** We examined 192 MDR-TB patients aged from 20 to 70

years who were undergoing inpatient treatment in the 2-therapeutic department of the Tashkent City Clinical Hospital of Phthisiology and Pulmonology (TCCHPhP) in the city of Tashkent in 2021-2022. It was found that out of 192 patients, 48 (25%) were diagnosed with viral hepatitis. Accordingly, the development included 48 patients with co-infection with MDR-TB and viral hepatitis. Of these, 4 (8.4%) were newly diagnosed patients, 44 (91.6%) were previously treated. The spectrum of viral hepatitis was as follows: 37 patients had viral hepatitis C (77.1%), 5 patients had a combination of viral hepatitis "C" and "B" (10.4%) and 6 had viral hepatitis "B" (12.5%). All patients underwent a comprehensive clinical and radiological examination in a hospital setting. Mandatory (radiation research methods,

bacterioscopic analysis of sputum for Mycobacterium tuberculosis , general blood test, biochemical blood test and general urine analysis) and additional research methods (advanced bacteriological diagnostics, bronchoscopy, study of liver, kidney, cardiovascular system function) were used. .

**Results and discussions:** It was found that among 48 patients the proportion of men was 91.6% - women 8.4%. The characteristics of patients by gender and age are presented in Figures 1 and 2.

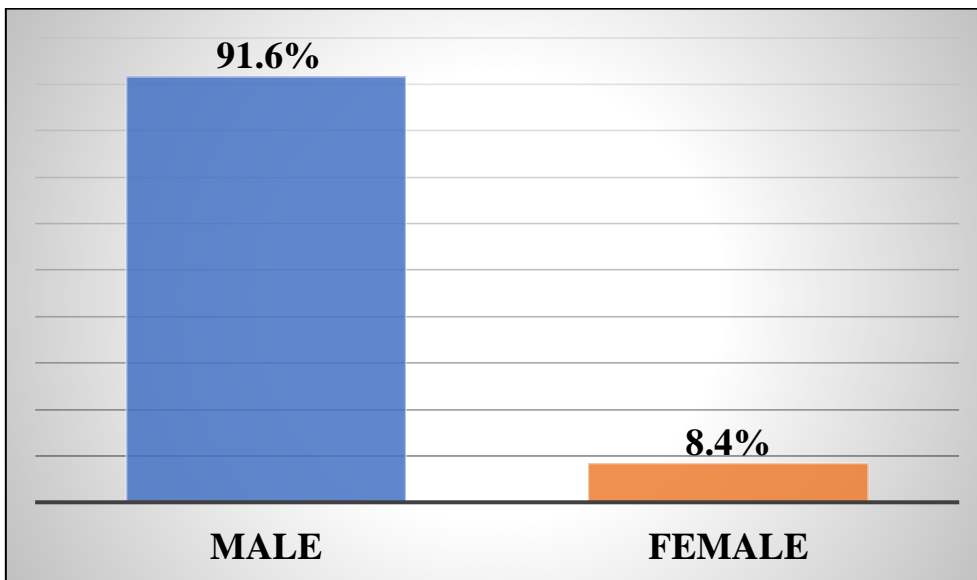


Figure No. 1. Distribution of patients by gender

Among the patients, the prevailing age groups were : 41-50 and 51-60 years old, accounting for 33.4% and 45.8%, respectively. (Fig.2)

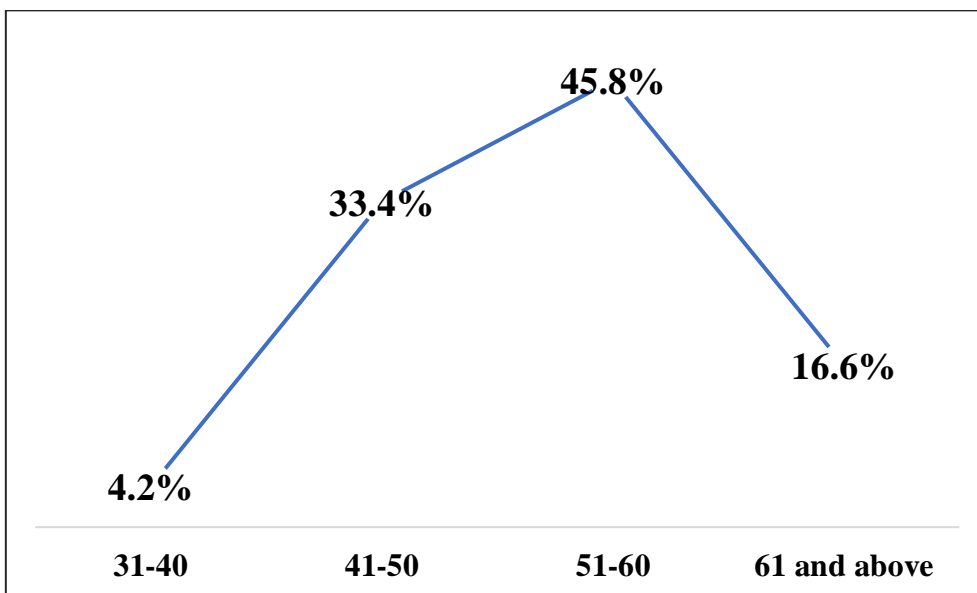


Figure No. 2. Distribution of patients by age

Among those examined, the social characteristics of the patients played an important role. Thus, the bulk were unemployed—45 (93.8%). Workers - and employees account for only 3 (6.2 %) people. 26 people had a criminal record, which accounted for 54.1% of patients. Persons without a fixed place of residence made up 10 (20.8%) patients. Almost all

patients had secondary education - 44 (91.6%), 2 (4.2%) patients had higher education.

All patients had bad habits: smoking was noted in 34 (70.8%) patients, alcohol abuse - in 10 (20.8%), injecting drugs - 8 (16.6%) and nasvay use - in 4 (8, 4%). Moreover, more than half of the patients had two or three bad habits - 25 (52.1%).

From the medical history, 22 (45.8%) patients had contact with bacillary patients. Of these, in 14 (63.6%) cases there was contact during their stay in penitentiary institutions and 8 (36.4%) - with close relatives (brother, husband, father).

According to clinical forms (Fig. 3), patients are distributed as follows: focal tuberculosis - in 6 (12.5%), infiltrative pulmonary tuberculosis - in 16 (33.3%), disseminated - in 6 (12.5%), fibrocavernous TB (FCT) - in 18 (37.5%) and cirrhotic pulmonary tuberculosis - in 2 (4.2%) patients.

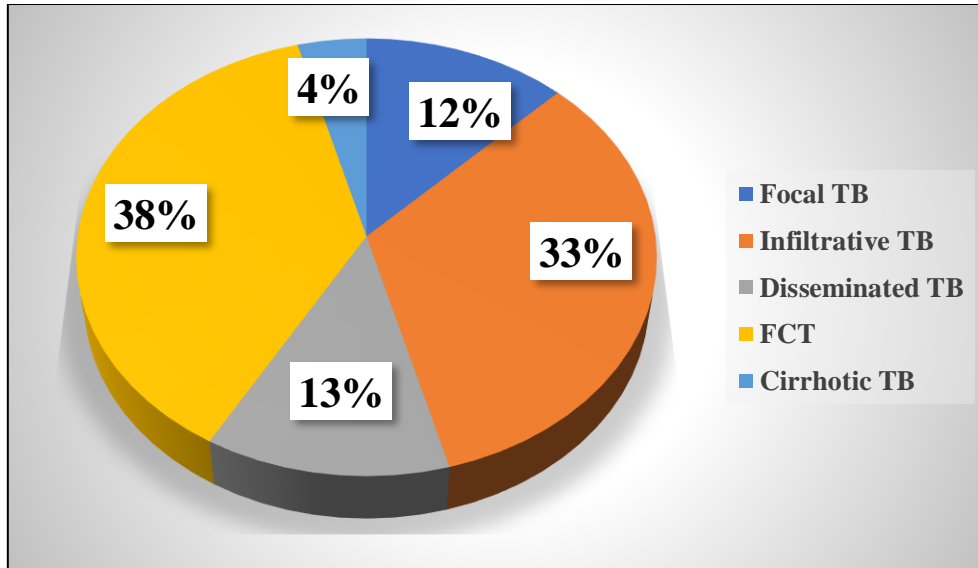


Figure No. 3. Distribution of patients by clinical forms

Radiologically, a unilateral process was diagnosed in 18 (37.5%) patients, and in 30 (62.5%) the process was bilateral.

Upon admission to the hospital, Mycobacterium tuberculosis was detected in the sputum by various methods in 26 (54.1%) patients. Of these, MBT was found in 4 (15.4%) cases in newly diagnosed cases, and in 22 (84.6%) among previously treated cases.

All patients showed symptoms of intoxication upon admission to the hospital. 26 (54.2%) patients were admitted in a state of moderate severity, in a

serious condition - 13 (27.8%) and in a relatively satisfactory condition - 9 (18.7%) patients. MDR-TB of the lungs in combination with hepatitis was characterized by a fairly clear clinical picture. Thus, an increase in body temperature was noted in 32 (66.6%) patients, complaints of general weakness were found in almost all patients. Body weight loss of 5 kg or more was detected in 38 (79.1%) patients, loss of appetite - in 47 (98.3%). In 2 (4.2%) patients, hoarseness was noted as a sign of generalization of the process (Fig. No. 4).

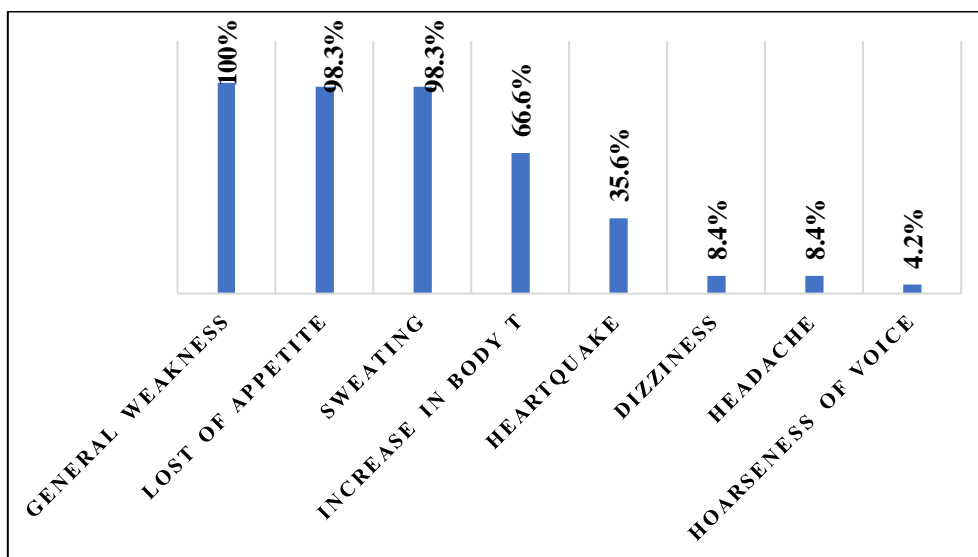


Figure No. 4. Distribution of patients according to symptoms of intoxication

All patients had various clinical manifestations of the respiratory system. As can be seen from Figure 5, the leading clinical symptom in 47 (98.3%) cases is cough, mainly with sputum - in 34 (71.2%).

Chest pain occurred in 9 (18.6%) patients, which is a sign of involvement of the parietal pleura in the process.

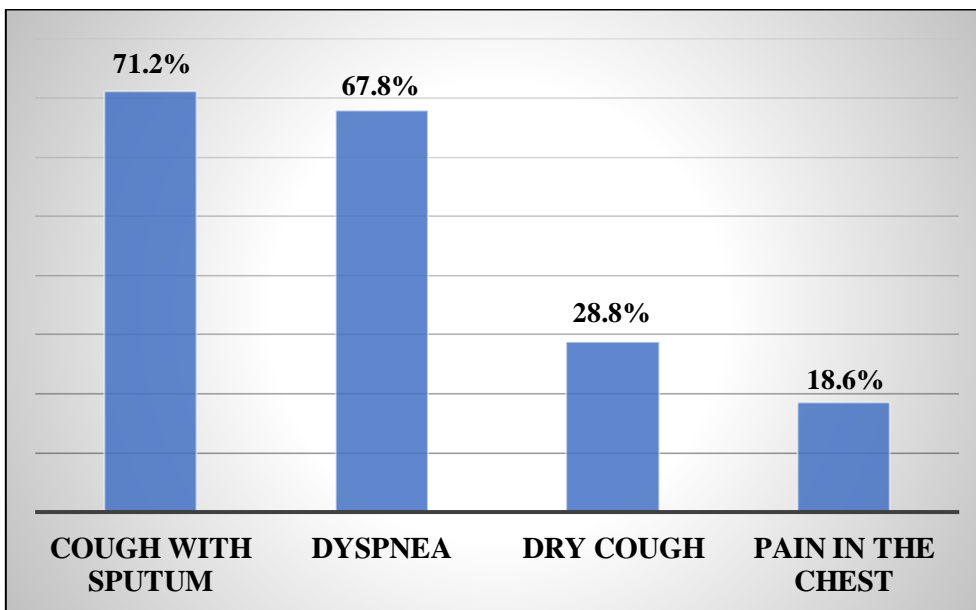


Figure No. 5. Distribution of patients by bronchopulmonary symptoms

Changes in the hemogram were detected in 91.6% of cases ( 44 out of 48 people). Most often, an acceleration of ESR was observed (more than 32 mm per hour) - in 88.1% of cases. Changes in red blood showed that: 30 patients (62.5%) had anemia of degrees 1,2 and 3. Lymphopenia was detected in 18 (37.5%) patients and leukocytosis - in 9 (18.7%).

Of the 48 patients with tuberculosis with concomitant hepatitis, 33 (68.7%) had the following other concomitant diseases. Of these, more than half

of the patients had two, three or more concomitant diseases , 9 (27.3%) and 8 (24.2%), respectively. Only 16 (48.5%) patients had one concomitant pathology. Information on the frequency and nature of concomitant diseases is presented in Figure No. 6.

When analyzing the structure of concomitant diseases, a predominance of anemia was noted - in 30 (62.5%), followed by frequency of occurrence: HIV infection - in 12 (25%) and COPD - in 10 (20.8%). Other pathologies occur in isolated cases.

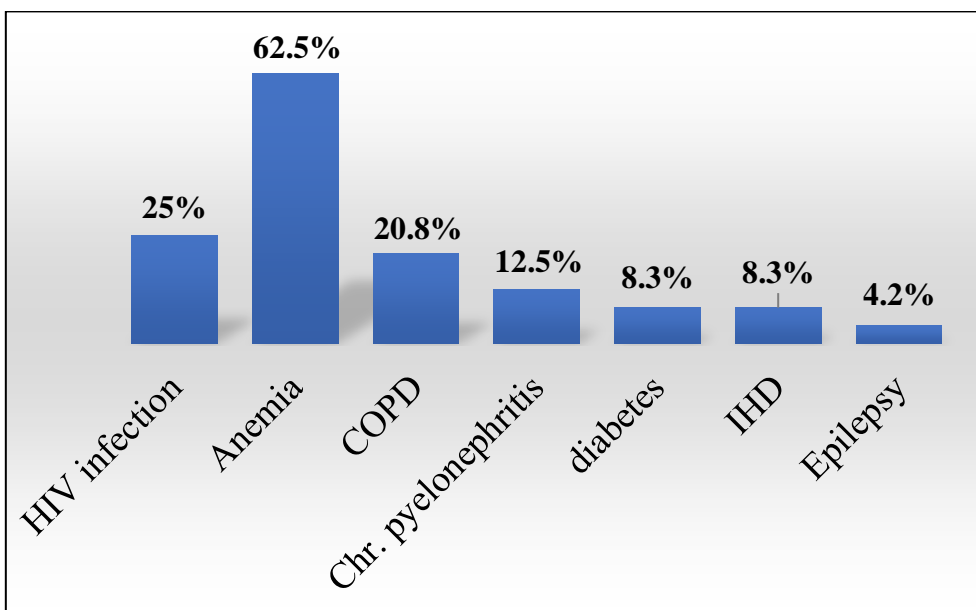


Figure No. 6. Distribution of patients by concomitant diseases

various complications were identified in almost all patients against the background of the tuberculosis process in combination with viral hepatitis . When studying the structure of complications , it was established that hypotrophy of 1, 2, 3 degrees was noted in 38 (79.15%) patients, respiratory failure - in 36 (75%), chronic heart failure (CHF) - in 8 (16, 6 %)

patients. A combination of two or more complications was observed in 32 (66.6 %) patients. Hemoptysis was observed in 2 (4.15%) patients, exudative pleurisy - in 10 (20.8 %). This group consisted mainly of patients with destructive forms of pulmonary tuberculosis .

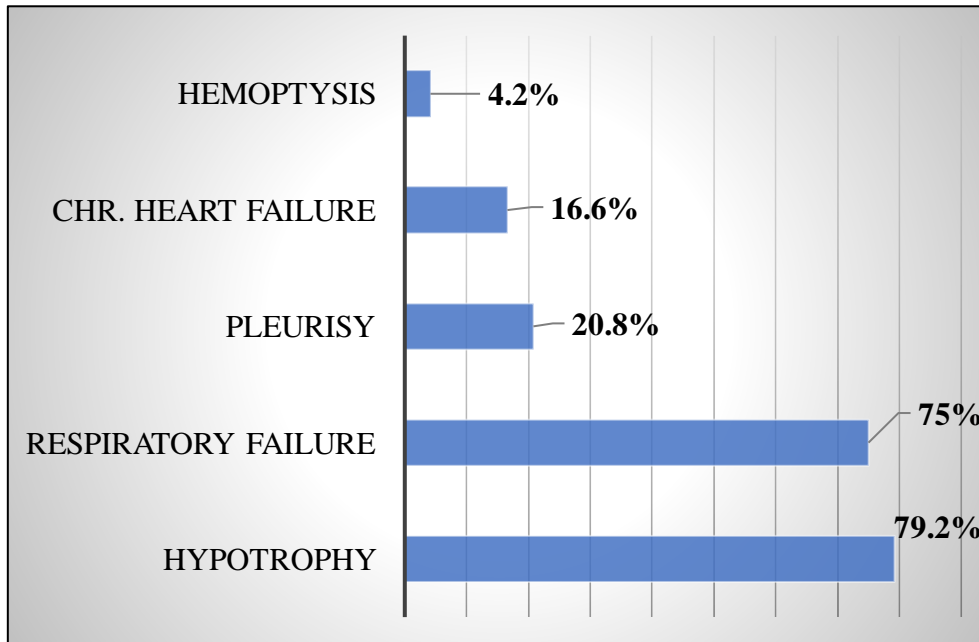


Figure No. 7. Distribution of patients by complications

Anti-tuberculosis therapy was carried out taking into account the presence of resistance to anti-bacterial drugs. All patients received anti-tuberculosis treatment according to the standards of the national clinical protocol for the treatment of patients with MDR/RR-TB with drugs of the second group.

As a result of treatment, positive dynamics were achieved in 34 (70.8%) patients, deterioration was noted in 3 (6.3%), without dynamics - in 9 (18.7%) and death due to complex treatment was noted in 2 (4.2%) cases.

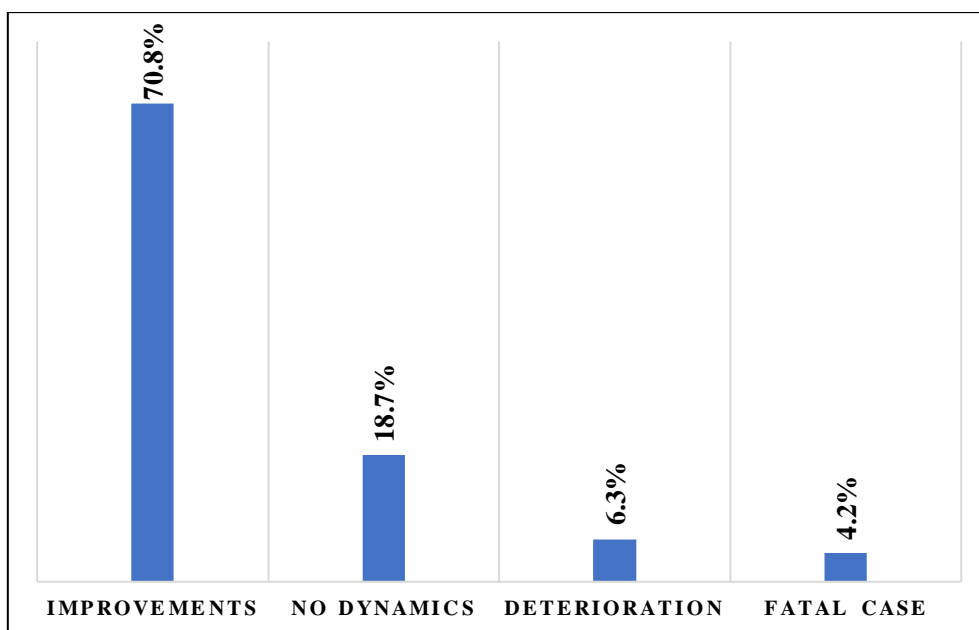


Figure No. 8. Dynamics of treatment in hospital



**Conclusions:**

1. The study of medical and social characteristics made it possible to establish that patients with MDR/RR tuberculosis in combination with viral hepatitis belong in most cases to a socially maladjusted contingent ( 76.2%) . The presence of bad habits, and in more than half of the cases two or three, as well as the presence of a criminal record (54.1%), persons without a fixed place of residence (20.8 %), alcohol abuse (20.8%), injection drugs use (16.6%) significantly affects the treatment process.

2. Viral hepatitis aggravates the clinical course of tuberculosis and reduces the effectiveness of treatment. The outcome of the disease largely depends on the time of initiation of hepatoprotective therapy against the background of anti-tuberculosis

drugs, which should be started as early as possible and taking into account sensitivity to antibacterial drugs.

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