

Features Clinical Course and Treatment of Malignant Tumors in Patients with Pulmonary Tuberculosis

Iskandarova Iroda Mashrabjon qizi

Bukhara State Medical Institute, Bukhara, Uzbekistan

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ABSTRACT

Currently, the combination of tuberculosis and malignant tumors is being detected more and more often. Some believe that tuberculosis and malignant tumors are parallel diseases, others that they are antagonists, others that tuberculosis contributes to the development of malignant tumors. It is very problematic to differentiate these diseases due to the lack of a unified concept of carcinogenesis and insufficiently clear clinical and radiological criteria. It has been established that malignant tumors in tuberculosis patients and persons with residual changes after cured tuberculosis are more common than among the entire population.

Many authors point to significant difficulties in the timely diagnosis of cancer developing both against the background of an active tuberculosis process and against the background of post-tuberculosis changes, as a result of which cancer is detected, as a rule, in the late stages, when a radical cure is no longer possible.

The reasons for late diagnosis lie in the similar clinical picture of both diseases, as well as in the lack of sensitivity of existing diagnostic methods. In this regard, a number of researchers point to the need to develop a differentiated algorithmic approach to decision-making in case of suspected lung cancer in a patient with tuberculosis based on modern methods of systematic analysis of data obtained during the observation of these patients.

One of the most significant criteria for the effectiveness of the treatment of malignant neoplasms is the survival rate of patients. Knowledge of the factors affecting survival can help clinicians in developing optimal treatment regimens for the disease and ultimately lead to an increase in the life expectancy of patients after the diagnosis of cancer. When lung cancer is combined with tuberculosis of the respiratory organs, the survival of patients has been traced only in isolated studies, while there is practically no analysis of predictors affecting the survival and outcomes of the disease.

Lung cancer occupies a leading place in the structure of oncological morbidity of the Russian population, accounting for 16.8%. At the same time, the incidence of lung cancer has a

pronounced upward trend. The diagnosis of lung cancer still remains a difficult clinical task.

A favorable background for the development of lung cancer is all chronic inflammatory processes complicated by cirrhosis and sclerosis, including tuberculosis. Cirrhotic rearrangement of lung tissue in tuberculosis disrupts the metabolism and activity of enzymatic processes. Of great importance in this process is also the formation of foci of metaplasia of the epithelium of the bronchial mucosa or areas of epithelization of the walls of cavities. This is a clinical manifestation of precancerous changes.

Recent studies have established that the biochemical composition extracellular matrix of scars of peripheral lung cancer, metatuberculous and metapneumonic sites is identical. The problem of early detection and treatment of lung cancer developing against the background of the tuberculosis process is far from being solved. This is due to both the extreme variety of clinical variants of the course of these two diseases, and the similarity of a number of clinical symptoms and the data of instrumental research methods.

The previously existing ideas about the antagonism of tuberculosis and cancer were not confirmed, on the contrary, it was found that lung cancer in patients The previously existing ideas about the antagonism of tuberculosis and cancer were not confirmed, on the contrary, it was found that lung cancer in patients with tuberculosis and persons with residual changes after cured tuberculosis is more common than in people who did not have tuberculosis. According to the literature . among tuberculosis patients, the detection rate of lung cancer in the age group 40-49 years is 4-4.5 times higher than in the general population in the same age group, and in the age group over 50 years – 6.6 times or more. Tuberculosis is a high risk factor for lung cancer.

On the other hand, some anti-tuberculosis drugs accelerate tumor growth and lead to the generalization of the cancer process. According to many authors, for a better understanding of the pathogenetic links between cancer and tuberculosis and the construction of optimal diagnostic search algorithms, it is necessary to identify groups of patients with similar clinical and morphological characteristics of cancer, tuberculosis and their combination.

Conclusion.

A missed or incorrect diagnosis of lung cancer can lead to delays in treatment, inadequate therapy, or no treatment at all. According to studies, late diagnosis of lung cancer was significantly higher in patients who received TB treatment compared to those who did not receive specific therapy [9]. An additional worrying fact is that only a small proportion of these patients have a definitive microbiological diagnosis of tuberculosis. In general, this leads to delayed diagnosis and progression of the disease. This indicates that lung cancer is often misdiagnosed as pulmonary tuberculosis, and these patients are presumably given ATT, resulting in a significant

delay in cancer diagnosis. Most lung cancers (> 80%) are diagnosed at a late stage, by which time they are beyond the possibility of therapeutic resection. Attempts should be made to minimize this delay period by maintaining a high index of suspicion, a low referral threshold, and aggressive, as well as appropriate research and prompt initiation of treatment. This is a serious concern, as early diagnosis of lung cancer can increase the likelihood of resectability of the tumor, and timely chemo-radiation therapy can provide a better quality of life. If clinicians, including general practitioners, are aware of the predisposing factors and symptoms of bronchogenic carcinoma, this can lead to an early diagnosis of lung cancer and improve treatment outcomes in patients suffering from this terrible disease.

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