

## MULTIDRUG RESISTANT TUBERCULOSIS

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**Background:** In recent years there is an increasing incidence of multidrug resistant tuberculosis which has important medical, social and economical consequences.

**Patients and methods:** We report the case of a 44 year old male, smoker which was diagnosed in 2005 with multidrug resistant pulmonary tuberculosis. The patient is from an old disease outbreak, his father had pulmonary TB.

**Results:** The patient was hospitalized in 2005 and 2006 with secondary bilateral fibrocasseous ulcerating pulmonary tuberculosis and right pleural tuberculosis with positive BK in sputum culture. He followed and completed the treatment strictly supervised (first-line regimen) and in the second month of treatment BK was negative. Five months after the treatment ended the patient was hospitalized with reactivated pulmonary TB, miliary form, BK positive in sputum culture. Antibiogram showed the existence of resistant BK stains at three first-line antituberculosis drugs: Isoniazid, Rifampicin and Streptomycin. There was established an individualized treatment with four drugs which included reserve drugs. The treatment lasted 23 months with a smooth evolution of the patient with radiological improvement and bacteriological negativation.

**Conclusions:** In severe chronic MDR-TB are important: a correct clinical and laboratory diagnosis, completed appropriate treatment regimen, monitoring results, patient behavior including his education regarding the disease.

## CASE REPORT: NON-HODGKIN'S LYMPHOMA T-CELL WITH PRIMARY SKIN DAMAGE

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**Introduction:** I studied a clinical case of non-Hodgkin T-cell with primary damage to the skin. This pathology is a malignant tumor that develops from hematopoietic cells (T lymphocyte) which are located extra medullary. Is found very rarely (0.2 - 0.4 to 100,000 of total population) and 1 to 2.2% of all lymphomas.

**Purpose and objectives:** To study a case report with Non-Hodgkin's lymphoma T-cell with primary skin damage, from the clinical perspective and treatment efficacy. To analyze different treatment schemes: CHOP, CHOEP, CVAMP, VAMP and Roferon.

**Materials and methods:** Clinical case.

**Results:** We established the following diagnosis: Non-Hodgkin's lymphoma T-cell with primary skin damage, with progression in the lungs, stage - VI A.

**Conclusions:** A. It was found lymphoma Non-Hodgkin T-cell with primary skin damage, with progression in the lungs, stage - VI A; B. The priorities of the treatment with Roferon in association with the next schemes of treatment, CHOP " CHOEP", CVAMP " VAMP".

**Keywords:** Lymphoma, Non-Hodgkin's lymphoma, primary T-cells with primary skin damage