

59. TB/HIV CO-INFECTION – COMORBIDITIES AND OPPORTUNISTIC INFECTIONS

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Introduction. TB/HIV co-infection is a medical and social problem, because they are two infectious diseases involving cellular immunity and based on the impact of these diseases on the state of health in people with specific social status. The presence of comorbidities and the development of opportunistic diseases in people living with HIV significantly affect the outcome of treatment and prognosis.

Aim of study. Studying the evolution of tuberculosis in people living with HIV in the presence of other comorbidities and diseases.

Methods and materials. 27 cases were analyzed – patients diagnosed with TB/HIV co-infection in the presence of other opportunistic diseases and infections, hospitalized for treatment in the years 2018-2020.

Results. It was established that in 19 (70%) patients of TB cases, in people with HIV-positive status, was present the opportunistic infection. TB diagnosis was the reason for the examination for HIV infection in 16 (60%) cases, in other 11 (40%) cases TB developed in people with known HIV status. Males predominated – 18 (67%). Young age – 25-50 years had 21(80%) patients. In anamnesis contact with TB patients was highlighted in 1/2 of the analyzed cases. The way of TB detection was by direct addressing with clinical signs in 20 (75%) cases. Comorbidities present in the patients included in the study were: Anemia – 20 (75%) cases, Viral Hepatitis – 17 (65%) cases, UDI – 12 (45%) cases, pathology of the digestive tract – 9 (35%) cases, diseases of CNS – 9 (35%) cases. Opportunistic infections diagnosed were – *Pneumocystis jiroveci* – 5 (18.51%) cases, Cytomegalovirus – 3 (11.11%) cases, Toxoplasmosis – 2 (7.4%) cases. Pulmonary TB was confirmed by microbiological methods in 20(74%) cases. 25(92%) of the patients had extensive pulmonary processes with destruction. TB with resistance was established in 21(77,7%) of cases. The evolution of the disease was torpid in 100% of cases: 14 (51.85%) patients – had the individual treatment scheme due to difficult tolerance, 6 (22.2%) patients – therapeutic failure, 3 (11.1%) patients – abandoned treatment. The administered treatment was appreciated – ”with success” in 5 (20%) of cases. The complications found in the analyzed cases were: Respiratory failure – 12 (45%) cases, Pleurisy – 9 (35%) cases, Pneumothoraces – 4 (14.81%) cases, Hemoptysis – 3 (13%) cases.

Conclusion. The presence of comorbidities and opportunistic infections in patients with TB/HIV co-infection influences the prognosis and success of treatment. People at risk for HIV infection require increased alertness, counseling for a timely diagnosis.