

Multivariate logistic regression model assessing risk factors of drug susceptible/MDR-TB established that risk for developing drug susceptible TB: male sex OR=1.55 (95%CI:0.72-3.32), low educational level OR=4.56 (95%CI: 2.07-10.08); alcohol abuse OR=4.21 (95%CI:1.41-12.54) and for developing MDR-TB age<44 years OR=1.79 (95%CI: 0.78-4.09).

Conclusions: social interventions for reducing the risk of TB developing must target all social disadvantaged groups, especially men, young aged individuals, low educated, alcohol abusers.

Key words: tuberculosis, risk factors, social determinants.

99. FEATURES OF PULMONARY TUBERCULOSIS IN ELDERLY

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Introduction. At elderly pulmonary tuberculosis develops most often due to the reactivation of endogenous tuberculous infection, but the exogenous infection predisposes the reactivation of latent TB infection. Diagnosis difficulties and errors, as well as comorbidities and hospital care worsen epidemiological indices.

Objective of the study. Assessment of clinical, paraclinical and treatment outcomes of pulmonary tuberculosis at elderly.

Material and methods. A retrospective, descriptive and selective study was realized on 95 new pulmonary tuberculosis elderly patients is > 65 years old, treated in IMSF SMF during 2013 year.

Results. Distribution by sex revealed a non-significant predominance of men (71,7%) vs women (28,3%). Case management established that the most of them were detected by passive way (68,5%), with an AFB positive smear only in 27,2% cases. Pulmonary infiltrative TB was diagnosed at 79,3%, fibrocavitary TB – 1,1% at and disseminated TB at - 17,4%, with parenchymal destructions at 37,5%, affecting both lungs in 31,5% cases. The most frequent clinical errors were bronchitic (26,8%) and pneumonic (19,6%) masks, that determined the transfer from somatic hospitals into pneumophysiological services. Bacteriologically was identified positive results on conventional medium at 48,9% cases, with molecular-genetic positive test GeneXpert RIF at 30,4% cases. Treatment outcomes reflect the epidemiological situation of tuberculosis, so successfully treated were 67,4%, lost from follow up-5,4%, dead-9,8% cases.

Conclusions. diagnosis difficulties and errors, expressed by high rate of passive detected cases and low rate of microscopic AFB identification demonstrates the epidemiological danger of elderly patients, worsened by the medical care in other than pneumophysiological services.

Key words: tuberculosis, elderly.