

THE DIFFERENTIAL DIAGNOSIS BETWEEN COMMUNITY ACQUIRED PNEUMONIA AND INFILTRATIVE PULMONARY TUBERCULOSIS

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Background. The differential diagnosis of community-acquired pneumonia (CAP) and infiltrative pulmonary tuberculosis (IPT) can be difficult in cases with negative microbiological results for *Mycobacterium tuberculosis* (MBT). **Objective of the study.** Assessment of the criteria for the differential diagnosis IPT and CAP. **Material and methods.** A retrospective, selective, descriptive study including group of 60 patients with ITB (TG) and group of 40 patients with CAP (PG) was performed. Enrolled patients were diagnosed and hospitalized in the Municipal Clinical Hospital of Phthisiopneumology of Chisinau in the period of 2021-2022. **Results.** Male-female ratio was 2.2/1 in TG, 1.2/1 in PG. Patients aged up to 54 years 70.8% cases with vulnerable socioeconomic status 76.9% were predominated in TG comparative to patients aged over 54 years 57.5% with favorable socioeconomic status 72.5% in PG. Areas of consolidation 100% in TG, 65% in PG, affection of both lungs 45%

in TG, 17.5% in PG, extended 63.3% in TG, 20% in PG, in superior lobes 75% in TG, 12.5% in PG, in inferior/medium lobes 25% in TG, 77.5% in PG, lung destruction 46.6% in TG, 10% in PG, nodular opacities 52.5% in TG, 35% in PG, pleural effusion in 6.7% in TG were revealed on radiological examinations. Presence of subcrepitation in 25% in TG, fixed crepitation in 87.5% in PG. The results of microscopy in 31.7% cases, culture in 48.3%, XpertMTB/Rif in 46.7% cases were positive in TG, in PG causal agents of pneumonia were found in all cases. **Conclusion.** Young age, unfavorable socioeconomically status, slow onset, bilateral process, extended, in the upper lobes or middle lobe, with destruction, bronchogenic dissemination and microbiological positive results for MBT were criteria for IPT, advanced age, favorable socioeconomically status, acute onset, unilateral damage, in inferior lobes, with small extension, fixed crepitation – criteria for CAP. **Keywords:** tuberculosis, pneumonia, diagnosis.