# RESULTS OF SURGICAL TREATMENT FOR A COMBINATION OF DESTRUCTIVE PULMONARY TUBERCULOSIS AND DIABETES MELLITUS

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Over the past decade, in most countries of the world, there has been an increase in the incidence of tuberculosis. The current epidemiological situation regarding tuberculosis remains tense in most countries of the world community.

The purpose of our study was to study the incidence of diabetes mellitus in destructive forms of tuberculosis and the effectiveness of surgical treatment for the combination of destructive pulmonary tuberculosis and diabetes mellitus.

25 operations were performed for the second half of 2015year: partial lung resections and pneumonectomies for various destructive forms of pulmonary tuberculosis.

The incidence of diabetes mellitus among patients with destructive forms of pulmonary tuberculosis was 12% (3 cases of diabetes mellitus among 25 operated patients).

We observed 3 patients aged from 32 to 58 years. All mans. The duration of the tuberculosis process ranged from 5 months to 1 year in 2 patients, up to 4 years in 1 patient. Thus, these patients received anti-tuberculosis treatment for a long time.

Of the 3 patients, 2 had detected MBT in their sputum upon admission by a microscopic method, which is 66.6%; 1 did not have MBT.

Of the 3, 1 patient was diagnosed with MDR-TB, determined by the molecular genetic method GeneXpert, which is 33.3%, In 2 patients, a sensitive variant of MBT in sputum was determined by the molecular genetic method GeneXpert, which is 66.6%. Of the 3 patients, 1 had diabetes mellitus and pulmonary tuberculosis simultaneously (33.3%). In 2 patients, tuberculosis was detected during treatment for diabetes mellitus, which is 66.6%. Of the 3 patients, an endocrinologist diagnosed type 1 diabetes mellitus in an insulin-requiring state, in the decompensation stage, and prescribed simple insulin and long-acting insulin from 14 to 48 units per day. 1 patient with moderate type 2 diabetes mellitus took tablet forms of glucose-lowering drugs.

Of the 3, in 1 patient the underlying disease was complicated by aspergilloma and recurrent hemoptysis, which is 33.3%. There were also other concomitant pathologies such as: ischemic heart disease - in 1 patient, relapse of a neoplasm of the chiasmal-sellar region of the brain with intrasupraselar growth.

In 1 patient, fibrous-cavernous tuberculosis occurred in both lungs, in 2 patients, fibrous-cavernous tuberculosis occurred in one lung.

The following types of surgery were performed: pleuropulmonectomy on the left in 1 patient, lobectomy + C6 on the right - in 1, pleurectomy and decortication - in 1

Conclusion: Diabetes mellitus occurs as a concomitant disease with destructive tuberculosis in 12% of cases. Surgical treatment for a combination of tuberculosis and diabetes mellitus is a highly effective treatment method and promotes recovery in 100% of operated patients, even with decompensated diabetes mellitus.

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