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PULMONARY MYCOBACTERIOSIS

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Relevance. Pulmonary Mycobacteriosis (PM) – is a chronic lung infection caused by non-tuberculous mycobacteria (NTM), the prevalence of which is growing worldwide from 2.5 to 8% per year. This is due to greater awareness of the disease, the emergence of new and accurate diagnostic methods for determining the type of pathogen, as well as an increase in the number of people at risk for developing the disease. The study of the problem is important for the development of additional preventive and control strategies to reduce morbidity, disability and mortality from pulmonary mycobacteriosis.

Aim: to describe a clinical case of PM with a comorbid background.

Materials and methods. The data of the medical documentation of patient B. from 07.07.2022 to 31.02.2023 and the epicrisis of the "Republican Scientific and Practical Center for Pulmonology and Phthisiology", Minsk were used.

Results and their discussion. Patient B., born in 1964, was admitted to the "Republican Scientific and Practical Center for Pulmonology and Phthisiology" on 07.07.2022 with complaints of fever up to 38C, cough with viscous purulent sputum, chest pain, shortness of breath with minimal physical exertion. Concomitant diseases: COPD (2008), bronchial asthma (2010), coronary artery disease.

For the first time, changes in the lungs were detected in December 2018. On CT scan of the chest on 09.12.2018, left-sided upper lobe pneumonia was detected. Advised by a phthisiatrician of the MI "Minsk RTbD". Sputum examination from 11.12.2018, 28.12.2018 - MBT was not detected. Conducted a course of nonspecific AB-therapy. At the Chest CT dated 23.12.2018 - no dynamics. On 15.01.2019, the diagnosis was made: Community-acquired left-sided upper lobe pneumonia, protracted course. COPD, severe, remission phase. Bronchial asthma, non-allergic form, controlled. Chronic cardiopulmonary insufficiency, stage of subcompensation. When passing sputum from 13.01.2020, 24.02.2020, NTM 3+ M. avium were isolated 2 times. On the CT scan of the chest of 10.03.2020, focal shadows of different sizes, of varying intensity, persist in the upper and middle sections on the left, with the presence of cavitary formations, on the right, areas of fibrous transformation of the pattern. On 01.05.2020, PM treatment was started: Clr250mg+E800mg+ Lfx250mg 1 time per day. During the treatment, the patient noted an improvement in well-being, but she was not adherent to the treatment. Against this background, on 23.12.2020, shortness of breath increased, chest pain appeared, and a decrease in body weight was noted. On Chest CT without dynamics. Due to the progression of the disease, the treatment regimen was changed: Clr250mg 2 times a day + E400mg three times a day + Lfx250 mg 2 times a day. During the COVID-19 pandemic, the patient did not attend medical facilities. At the appointment dated 06.04.2021, she noted a deterioration in her general condition, weight loss, progression of dyspnea. On CT scan of the chest on 08.04.2021, the cavities in the left lung enlarged, their walls became thinner. There are new focal shadows in the left lung. In the sputum analysis from 08.06.2021 - NTM 2+ M.avium. According to the results of the LPA dated 19.08.2022, resistance to macrolides developed, but sensitivity to aminoglycosides was preserved. Against the background of the ongoing treatment, negative dynamics on CT scan of the chest remains. 0n 02.02.2023, according to the results of the consultation, the diagnosis was made: Chronic pulmonary mycobacteriosis (M.avium), fibrous-cavitary form with drug resistance to macrolides, relapsing course. COPD, mixed type, severe course, phase of unstable remission. Bullous emphysema. RF II DMT 2 degrees (BMI+14kg/m^2). It is recommended to continue treatment according to the scheme: Mfx400mg + R450mg + E400mg + Am1.0 (IM 1 time per day) at the outpatient stage.

Conclusion: in this clinical case, the features of the current, difficulties of diagnosis, as well as the effective regimens of treatment of PM in a patient with a comorbid background are displayed.