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Uniqueness And Unfavorable of Clinical and Medical Diagnosis of Pulmonary Tuberculosis

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Summary: The low level of effectiveness in the treatment of tuberculosis patients is due to the lack of timely diagnosis and control of chemotherapy, as well as effective modern drugs. In the material of the analysis of 152 medical records of patients with pulmonary tuberculosis, performed in accordance with the standards, it was found that out of 37 diagnostic criteria, the majority are either rarely used or not used at all. Along with this, it should be noted that some of them are of a general nature and do not always affect the quality of diagnosis. It was decided to consider a minimum set of diagnostic criteria sufficient, but when conducting an appropriate medical examination, it is necessary to request, through the investigator, an explanation from the attending physician responsible for establishing the diagnosis of pulmonary tuberculosis.
Keywords: pulmonary tuberculosis, diagnosis, quality of medical care, treatment.

Relevance. One of the main tasks of the forensic medical examination service (FME) is to identify shortcomings in medical care and determine their causes in order to improve the efficiency of diagnostic and treatment work [1,4,7]. Thus, against the backdrop of a global epidemic of multidrug-resistant or extensively drug-resistant tuberculosis, it is necessary to both optimize the diagnosis of resistant forms of tuberculosis, and promptly prescribe a course of controlled chemotherapy, selected based on the drug sensitivity of the pathogen, and include new anti-tuberculosis drugs .drugs effective against drug-resistant tuberculosis during chemotherapy. forms of tuberculosis [4,8,9]. If we take into account that the main components of the IC reflect the safety, timeliness, adequacy, continuity, and effectiveness of medical care, then the role of forensic medical examination in monitoring the quality of medical services becomes clear [6,11,17]. It is known that in large medical institutions (HCI) control over the quality of diagnostics is reliable, according to the health authorities, is carried out with the help of the pathoanatomical service [9,19,21]. However, while ensuring the identification of diagnostic defects and the development of medical knowledge, due to its tasks and capabilities, it is not able to fully cover the entire structure of the treatment process. Meanwhile, in the course of the health care reform, the SME service was not given due attention in the implementation of national medical programs. Nevertheless , SME plays an active role not only in the detection of pulmonary tuberculosis, but in improving the quality of medical care for such patients. Let us trace this on the example of quality control of diagnostics of such an exceptionally socially significant disease as pulmonary tuberculosis [10,23,25]. In Russia, the incidence of tuberculosis remains at a high level (83 per 100,000 population, mortality - 21.3–21.8 per 100,000 population). Detailed data on the structure of non-violent mortality are presented in the table. The purpose of this study was to determine the compliance of clinical diagnostic care in the Bukhara region. quality control standards. A retrospective analysis of the

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annual reports for 2019–2021 was carried out, medical documentation was studied at the inpatient stage.

Materials and Methods: The basis of the quality standard of medical care is the volume of examination and treatment and rehabilitation measures, which is mandatory for a guaranteed reasonable diagnosis and treatment. It is known that such standards are used to control the quality of medical care for patients with certain diseases and their forms [17, 19,21]. There are 36 such criteria in total. The list of standards includes:

□□Standard of medical care for patients with fibrous-cavernous pulmonary tuberculosis No. 509;

□□Standard of medical care for patients with cirrhotic pulmonary tuberculosis No. 511; □□Standard of medical care for patients with pulmonary tuberculosis No. 512; □□Standard of medical care for patients with pleural empyema No. 513; □□Standard of medical care for patients with caseous pneumonia No. 514; □□Standard of medical care for patients with cavernous pulmonary tuberculosis No. 515. During the analysis of the quality of examination of patients in 2019 and 2021. According to the materials of 122 medical records of patients who were treated in a specialized tuberculosis dispensary in Bukhara, several significant medical and legal shortcomings were found [11].

Results and discussion

1. Various forms of pulmonary tuberculosis were registered in the analyzed medical records, however, fibrous-cavernous tuberculosis was the most common (in 40 and 28 patients with infiltrative and disseminated pulmonary tuberculosis, respectively).

2. The collection of anamnesis and complaints and visual examination were used in 40 cases, palpation - in 29, percussion - in 18, auscultation - in 38 cases. Pulse and blood pressure were measured in 36 and 35 patients, respectively; X-ray examination was carried out only in 10 patients; heart rate was counted in 5, and respiratory rate - in only 3 people.

3. A general blood test was performed only in 6 cases, a general urine test - in 4 cases; bacteriological examination of sputum was performed in 3 patients. Computed tomography (CT) of the lungs, control CT of the chest, examination for bilirubin, registration and interpretation of ECG, oxygen examination were performed only in 1 patient. Judging by the entries in the medical records, the 12 criteria given in the federal diagnostic standards were not applied at all. These include: taking blood from a vein to study the level of creatinine , C-reactive protein, free and bound bilirubin, blood glucose; sputum analysis by polymerase chain reaction (PCR); bronchoscopy; bronchoscopic lavage ; bacteriological examination of bronchoalveolar lavage fluid (BALF), etc. We also analyzed 76 cases when a corpse was referred for SSE from a tuberculosis dispensary, and 20 cases from a multidisciplinary hospital with the provision of a medical history. In addition, in 14 cases, the ambulance team, sending the corpse from the house of the deceased, provided a medical card. They occurred in more than 90% of cases and could indicate violations of the treatment process, leading to an unfavorable outcome. In most cases, these shortcomings did not significantly affect the adverse outcome, but were the reason for the investigation and, if the reason was found, could lead to the initiation of a criminal or civil case. Thus, the analysis of the case histories sent to the SME showed inappropriate management of patients and filling out the case history. In 100% of cases,

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the medical history did not reflect:

□□primary source of infection of a patient with pulmonary tuberculosis; informed consent of the patient to medical intervention or refusal of it; □□information about stressful situations and nutritional conditions (at home, at work). Information about the disease and its onset (from the day of the visit to the doctor or from the moment of admission to the hospital) was absent in 58.3% of cases, data on the working conditions of the patient - in 41.7%. In more than 20% of cases, there was no information about the date of diagnosis and detection of *Mycobacterium tuberculosis* , or there was no mark at all on the map

about tuberculosis infection; the localization of the process (right or left lung) was not indicated ; no gynecological history, information about diseases of pneumonia, pleurisy; there were no data on hereditary, concomitant diseases, bad habits (drug addiction, substance abuse, alcoholism). In some case histories, the patient's refusal to receive medical care was incorrectly documented or not documented at all. It should be noted the shortcoming of the conducted SME: when setting out the medical history, the expert does not analyze it and does not give it a medical and legal assessment.

Conclusion

1. Comparative analysis of bacteriological research methods showed that molecular genetic methods are more sensitive - in 88.6 ± 5.7%, and seeding methods are more specific - in 37.9 ± 15.7% of cases.
2. With adequate use of anti-tuberculosis therapy, the duration of sputum discharge after 3 months was 94.1% of cases. When making a diagnosis at autopsy, as a rule, no attempt is made to determine the cause of such a late detection of the disease.
3. At the same time, the etiology of pneumonia, pleurisy, bronchitis is not explained, concomitant pathology and its role in thanatogenesis are not determined. For example, pneumosclerosis may be a complication of pulmonary tuberculosis, or may not be due to the tuberculous process.

Thus, despite the introduction of standards, the diagnosis and treatment of pulmonary tuberculosis in a specialized hospital have a number of serious shortcomings associated with both the use of diagnostic methods and the quality of medical care.

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