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# **Epidemiological patterns and paraclinical features of patients with active pulmonary tuberculosis associated with and without HIV**

Petru-Emil Muntean, C. Budin, A. Comes  
Pulmonology Clinic, Mures County Hospital, Romania

(P009)

# Introduction

TB incidence has been rising all over the world, but is worse in developing countries such as Romania. Worldwide, TB is a leading cause of death for people with HIV.

## Objectives

This study was carried out to appraise the difference in clinical and paraclinical features of active pulmonary TB in adult HIV (+) and HIV (-) patients.

## Materials, Methods

Retrospective case-control study, between 01.01.10-01.04.17, discharged patients from Pulmonology Clinic, Mures County, Romania. Inclusion criteria: adult patients, identified as cases of active pulmonary TB, with at least one positive culture-proven as MT Complex. Every subject had history of BCG vaccination. Each participant's CXR + chest CT report was evaluated. Enrolled subjects, underwent HIV screening and the HIV status of infected individuals was confirmed by ELISA or protein immunoblot analysis.

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Table 1: Analysis of demographic and clinical factors

Variables	HIV (-)	HIV (+)	P Value
Age in years (mean)	56.2 years	34.7 years	p-0.03
Alcohol addiction	24/81 (30%)	6/18 (33%)	p-0.86
Lenght of stay in days (mean)	17.3 days	11.5 days	p-0.35
Other immunocompromised diseases	24/81 (30%)	3/18 (17%)	p-0.52

Table 2: Analysis of epidemiological patterns

Variables	HIV (-)	HIV (+)	P Value
Fever	36/81 (44%)	15/18 (83%)	p-0.09
Cough	60/78 (77%)	12/18 (67%)	p-0.60
Weight loss	45/75 (60%)	9/18 (50%)	p-0.66
Shortness of breath	36/81 (48%)	12/18 (67%)	p-0.41
Cachexia	12/81 (15%)	6/18 (33%)	p-0.29
Nocturnal diaphoresis	27/69 (39%)	6/15 (40%)	p-0.97

Table 3: Analysis of paraclinic features

Variables	HIV (-)	HIV (+)	P Value
Cavitary lesion	36/78 (44%)	3/18 (17%)	p-0.21
Pleural effusion	33/78 (41%)	6/18 (33%)	p-0.74
Upper lobe infiltrate	57/75 (76%)	9/18 (50%)	p-0.21

## Results

Of the 99 patients included in the study, 81 were HIV (-) and 18 were HIV (+) . HIV (+) group were younger and with higher percentage of alcohol usage. Fever is more common in HIV (+) group. No patient had a negative CXR or chest CT scan. Cavitary lessions and upper lobe infiltrate were often identified in HIV (-) subjects.

## Conclusions

No relevant findings distinguished from HIV (+) from HIV(-) subjects. HIV (+) patients did not require more invasive procedures compared to HIV (-) patients. The small amount of imagistic findings of active pulmonary tuberculosis in HIV, is due to the weakens of the immune system, rather than recent acquisition of infection and progression to active disease.

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