

Station Phthisiology

1. You are a (student) family doctor who works in a clinic. The mom came to you with complains about the child's illness. It is necessary to estimate the condition of the child, to do analyze the instrumental methods of examination (chest radiograph, the result of the Mantoux test). You have to put a preliminary diagnosis.

Situational task №1

A 6-years old child.

Complains (a mother said): the girl became troubled last 2 weeks, ate badly, has lost her weight, and was coughing during last 2 months. The cough was dry, the evening's temperature went up to 37.2 C.

Anamnesis: A father of the girl was in the TB hospital with tuberculosis of the lungs. The girl didn't take the chemical prophylaxis.

Objectively: child's feeding is low, the child is pale

The Mantoux test with 2TU: papulla 15mm

X-ray: There are changes on X-ray (X-ray is added).

Questions:

1. Describe the X-ray.
2. What is your primary diagnosis?
3. How can you estimate the result of Mantoux test with 2TU in this case?

2. You are a (student) family doctor who works in a clinic. You consult the HIV-infected patient with the results of an examination by phthisiologist. There are no complains. Recall risk factors of TB disease. You should to administer chemical prophylactic to this patient.

Situational task №2

A 35-year-old man.

Complains: are absent.

Anamnesis: HIV-infected, has been in the prolonged and close contact with the tuberculosis patient.

Objectively: During the complex examination in TB- dispensary the absence of the tuberculosis in this man has been determined.

Questions:

1. What is the category with high risk infected by tuberculosis?
2. What is the scheme of chemoprophylaxis for man with TB contact?

3. You are a (student) doctor-neonatologist. A woman got birth a healthy baby. To detect the term, place and way of injection of BCG vaccination. Tell contraindications to vaccination.

Situational task №3

The child was born on time, weighing 3 kg. The pregnancy went without pathology in its mother's. The child is vaccinated with BCG vaccine in order to specifically prevent tuberculosis

Questions:

1. The terms of BCG vaccination according to the vaccination calendar?
2. What are the contraindication for BCG vaccination?.
3. What is the place for BCG vaccine of the and way of it injection?

4. You are a (student) family physician at the Primary Health Care Center. A 30-year-old patient approached with complaints to you. He has been suffering from diabetes for 12 years.

Make plan of examination, describe the changes on a review radiograph and formulate a preliminary diagnosis.

Situational task № 4

Patient, 30 years old.

Complaints: cough with sputum for 2 months, fever to 37.5 C, loss of appetite, sweating, hemoptysis. The weight loss for this time is 5 kg.

Anamnesis: Ill diabetes 12 years old. The previous X-ray examination took place a year ago, there were no pathological changes. Tuberculosis is denied.

Objectively: the general condition of the average degree of gravity. Skin and visible mucous membranes of pale color. Above the upper part of the right lung, the attenuated breathing is heard, the single, damp, small, blisters of wheezing.

The results of sputum test microscopy according to Zill-Nielsen is positive

Questions:

1. What diseases can be suspected?
2. Which instrumental method of examination should be prescribed?
3. Describe the changes on the review radiograph (localization, consistency, infiltrate form).
4. Put a preliminary diagnosis.

5. You are a (student) family physician at the Primary Health Care Center. A 58-year-old patient approached you with complaints. He has been taking methylprednisolone for rheumatoid arthritis for 8 years. Determine the risk factors for developing tuberculosis in this patient, the clinical form of tuberculosis in a patient. Name laboratory methods for detecting mycobacteria more sensitive than microscopic.

Situational task №5

Patient, 58 years old.

Complaints: cough with sputum for 3 weeks, fever up to 38 ° C, poor appetite, night sweats, weakness

Anamnesis; for 8 years, she was suffering from rheumatoid arthritis, constantly taking glucocorticosteroids. The hypertension was diagnosed her 3 years ago.

She denies the contact with patients with tuberculosis.

Objectively: the general condition of moderate severity. The skin and visible mucous membranes are pale in color. We can heard bronchial breathing above the upper part of the right lung. Pulse - 100 beats \ min.

The results of sputum test microscopy according to Zill-Nielsen is negative

X-ray chest: In the upper lobe inhomogeneous darkening with fuzzy contours more than 1 cm.

Questions:

1. What kind of comorbid disease in a patient is a risk factor for developing tuberculosis?
2. What is clinical form of pulmonary tuberculosis?
3. What methods of detection of mycobacteria are more sensitive than microscopic.