

Why We Miss Urogenital Tuberculosis

Introduction and Objective: In fact nephrotuberculosis, like any other infectious disease, potentially can be cured by chemotherapy. But this statement is valid only for early diagnosis; actually more than 60% of new-revealed patients are diagnosed late, in complicated cavernous stage, when surgery is indicated. The aim of study was to identify the reasons for late diagnosis of nephrotuberculosis.

Materials and Methods: There were 167 patients with nephrotuberculosis (NTB) enrolled in the study. History cases were detailed analyzed to determine clinical features, previous therapy and a level of kidney destruction in time of diagnosis tuberculosis.

Results: There were 11 (6.6%) who had acute onset like pyonephrosis, and were operated without previous therapy in the department of general urology. Diagnosis was verified after surgery. These patients were excluded from analysis. The other 156 had chronic NTB with non-specific clinical features that resulted in misdiagnosis of chronic pyelonephritis and cystitis. There were 59 (37.8%) revealed in small-destructive curable stage of NTB papillitis. Forty-seven patients among them (79.7%) received previous therapy in departments of general urology with optimal antimicrobials. That means drugs don't influence on Mycobacterium tuberculosis (fosfomycin, nitrofurantoin, gentamycin, amoxicillin-clavulonate, cephalosporins). In this group, average time for correct diagnosis was 4.7 months because optimal antimicrobials didn't mask NTB. There were 97 patients in cohort (62.2%) who had cavernous NTB. The main reason for late diagnosis of complicated form was prescription to 75.3% amycacin, rifampicin and fluorquinolones that disguised, changed clinical features of NTB and resulted in long time for diagnosis, on average 27.4 months.

Conclusion: NTB often mimics at chronic pyelonephritis and cystitis that led in misdiagnosing. Using amycacin, rifampicin and fluorquinolones for therapy these diseases before excluding nephrotuberculosis resulted in late diagnoses complicated cavernous forms of NTB, incurable by therapy and requiring surgery. Probably this statement is actual one for regions with severe epidemic situation only, like Siberia.