

A study of Tuberculous Cases Examined

by Mataria Chest Dispensary

(1984 - 1988)

THESIS

To be submitted in partial fulfilment for
the Master's degree (chest)

BY

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Under Supervision of

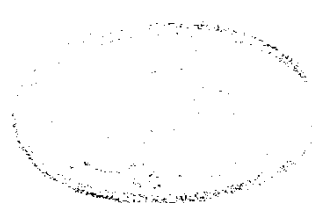
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1991

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ACKNOWLEDGEMENT

I wish to express my gratitude to professor Dr. M. Madkour, professor of chest diseases, Ain Shams University for his continuous supervision, encouragement and help in conducting this study.

I am grateful to all the staff members of Mataria chest dispensary.

Before all and above all thanks to God.

INTRODUCTION

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Tuberculosis is a very old disease of wide - world distribution, affecting all races, ages and both sexes, in addition it affects animals. The remains of ancient skeletons revealing characteristic changes of tuberculosis pathology indicates that man was affected with the disease some 4000 years B.C. and it was a common disease here in Egypt 1000 years B.C. (1)

The disease was referred to as "The white plague" and reached its greatest peak in Europe during eighteenth century.

Tuberculosis is a disease of great antiquity. What were almost certainly tuberculous lesions have been found in the vertebrae of neolithic man in Europe, and of Egyptian mummies perhaps as early as 3700 B.C.

Today, tuberculosis has become the most important communicable disease in the world with a total of $4-5 \times 10^6$ highly infectious cases of pulmonary tuberculosis occurring each year and at least an equal number of less infectious cases .

More than three - quarters of the cases are in the developing countries. (2)

Pulmonary tuberculosis is much the most important manifestation of the disease. both because it is far the most common and because patients with pulmonary tuberculosis are the principal sources of infection. (3)

In man it is caused by mycobacterium tubercle bacillus and infrequently by the closely related bovine strain (mycobacterium bovis) it is estimated that as few as 10 organisms are sufficient to cause subsequent infection. (4).

Tuberculosis can accompany man through most of his life. Infection often remains latent, but sometimes, either soon after infection or later, clinical disease develops. Infection itself has, however a long lasting effect on the body, for the response of the tissues to tubercle bacilli, whether derived from the primary lesion already formed, or freshly introduced from outside, differs from that evoked when the bacillus is first introduced. (5).

The number of organisms necessary to infect varies with different portals of entry and effects of the extent of the resultant lesion in animals and the same is probably true in man (6) .

Tuberculosis control in Egypt was started in Alexandria 1902 by National Association for treating the foreign patients who came to Egypt for its good weather. In 1924 the

first sanatorium was established in Helwan for chest disease.

In 1928 the pulmonary tuberculosis was considered as infectious disease which should be recorded and isolated. In 1937 the department of chest diseases was instituted in the ministry of public health. Since that time many dispensaries and chest hospitals have been built .

The need for the use of M.M.R. was first referred to in Egypt during 1948 by Gomaa, T. . The earliest M.M.R. survey was that done by Sirry in 1953 .

The first sanatorium was opened officially in 1928. The first bacteriological report on pulmonary tuberculosis in Egypt was published by EL Kholy and Sami 1941 and was concerned with the detection of T.B. by culture and animal inoculation (7).

Many achievements have been gained in the battle against tuberculosis, the mortality rate, the morbidity and infection had declined. also with decreasing disability and complications. The gains achieved against tuberculosis are to the extent of meaning 100% arrest of the disease. prevention of relapse and erradication is the target now in many countries. (8)

Tuberculosis has been one of the major epidemics of mankind since before recorded history, although its prevalence and mortality have progressively declined over the past century to very low levels in developed countries. It remains a major problem in developing countries. (9).

The picture of tuberculosis has changed in many countries and is changing in many others where. tuberculosis situation has dramatically improved in the last 30 years especially in economically developed countries because of effective antituberculous chemotherapy, BCG Vaccination.

While tuberculosis will virtually be eliminated in developed countries in a few decades it continues to be a major problem in developing countries.

The main sources of information for studying some aspects of the natural history of tuberculosis in developing countries are the results of tuberculosis surveys carried out by WHO teams in the 1950s and 1960s. Additional sources of information are the results of tuberculin testing in a few developing countries which preceded mass B.C.G. Vaccination campaigns carried out between 1948 and 1951 by the International Tuberculosis Campaign. (10)

In Egypt, T.B. is still a major public health problem thus estimation of the extent of tuberculosis problem yields

valuable epidemiological data necessary for guiding the antituberculous campaign.

Egypt is one of the countries with moderate tuberculosis prevalence (which is the number of all tuberculous cases whether old or new at a certain point of time per total population examined), having an incidence (which is the number of only the new cases per total number of population examined varying between 1 and 2% and sputum positive rate between 0.1 - 0.2% (11).

AIM OF THE WORK

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This work is meant to study the report of tuberculous patients examined by the Mataria Chest Dispensary throughout 5 years period from 1984 to 1988.

REVIEW OF THE LITERATURE

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Tuberculosis continues to be a major problem in developing countries, in spite of the efforts made in most during the last 2-3 decades. Although the tools for tuberculosis control are the same for both developed and developing countries, their quality and the extent of their application differ tremendously. The use of x - ray and culture examination as case finding measures is limited in developing countries so that many cases fail to be diagnosed. (10).

The picture of tuberculosis has changed in many countries and is changing in many others. Dramatic improvement in the tuberculosis situation had occurred in the last 25 Years. Many achievements have been gained in the battle against tuberculosis, the mortality and infection had declined, also with decreasing disability and complications. The gains achieved against tuberculosis are to the extent of meaning 100% arrest of the disease, prevention of relapse, and eradication is the target now in many countries. In Egypt, tuberculosis is still a major public health problem, thus estimation of the extent of the tuberculosis problem yields epidemiological data necessary for guiding the antituberculous campaign. (8)