



PATHOGENETIC AND EPIDEMIOLOGICAL ANALYSIS OF TUBERCULOSIS OF PERIPHERAL LYMPH NODES

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ABSTRACT

This article lists the advantages of digitalization, which is becoming a modern requirement. At the same time, in the digital education system, the teacher-student relationship reveals that it plays a very important role and influence in the educational process.

Introduction. The history of thoracic surgery as a specialty is closely intertwined with the development of tuberculosis (TB) treatment. Numerous doctors believe that the Ancient Greeks performed the first known chest surgery [1]. Hippocrates himself described the use of open pleural drainage to treat empyema thoracis associated with tuberculosis. Modern thoracic surgery as doctors do it now began in the 1880s with Koch's discovery of *Mycobacterium tuberculosis*. When the microbe causing "consumption" was found to be an obligate aerobe, a number of collapse remedies were developed in the late 19th and early 20th century to kill the organism by oxygen deprivation. The main goals of our study were to identify the causes of LNT failures with medical treatment and to provide surgical indications for cervical LNT in certain countries. Determining the clinical and epidemiological characteristics of our patients were our secondary goals [2,3,4]. This article aims to provide a broad overview of the role that modern thoracic surgery can play in diagnosing and treating patients with tuberculosis and its aftereffects. The presented analytical manuscript's primary goal is to provide a succinct remark based on reputable scientific research regarding the necessity and significance of removing postoperative problems in the treatment of peripheral lymph node TB [5,6].

Material and method of diagnosis. Any palpably enlarged lymph node that has lasted more than two weeks requires a careful physical examination. Based on the clinical history, the strategy should involve searching for infectious, malignant, or other reasons why the lymph nodes have enlarged. The clinical history should include information about recent or recurrent illnesses, travel-related exposures, environmental or industrial exposures, risky sexual behavior, and exposure to recent bug or other animal bites in addition to any prior cancers. For example, lymphadenopathy is present in 90% of patients with cat scratch sickness. Among the medications that may cause lymphadenopathy are allopurinol, atenolol, captopril, carbamazepine, gold, hydralazine, penicillin, phenytoin, primidone, methylamine, quinidine, sulfonamides, and sulindac. Numerous attempts have been made to anticipate which individuals would or would not benefit from biopsy based on clinical observations and epidemiologic data; however, the predictive value has been poor. A treatment plan for persons with chronic peripheral lymphadenopathy

Result and discussion. Tuberculous mediastinal lymphadenitis can cause the bronchus, phrenic or recurrent laryngeal nerves, or major blood arteries to enlarge and compress. There are numerous entrance points for *Mycobacterium tubercular lymphadenitis*: through the respiratory tract's hematogenous and lymphatic dissemination. The mediastinal and hilar lymph nodes are usually impacted first. TB infections that damage the tonsils, adenoids, and Waldeyer's ring result in cervical lymphadenopathy, which spreads to the draining cervical lymph nodes via the lymphatics. Abdominal TB lymphadenopathy can occur by consuming milk or sputum tainted with *Mycobacterium bovis* or *M. tuberculosis*. An estimated 10 million new cases of tuberculosis (TB) are recorded each year, and around 1.4 million people died from the disease in 2020. WHO statistics indicates that 18% of all TB cases are caused by extrapulmonary tuberculosis (EPTB); however, the proportion of recognized TB cases that contain EPTB is much higher, increasing from 17.4% (45,537) in 2011 to 20% (71,322) in 2016. The most common form of EPTB involves lymph node involvement. In low-income countries, tuberculous lymphadenitis (TBL) is the most common cause of lymphadenopathy. TBL is challenging to identify due to its paucibacillary origin, invasive sampling, and varied clinical presentation.

Conclusion. After a splenectomy, children and adolescents with enlarged lymph nodes should be checked for *M. tuberculosis* infection. Since they are a high-risk category, children who have had splenectomy should be checked for *M. tuberculosis* infection initially. Since many patients experienced recurrent lymph node swelling even during or after prior effective medication, treating tuberculous lymphadenitis may be even more challenging than detecting it. Early excisional biopsy and PCR-based *M. tuberculosis* identification are necessary to confirm the diagnosis of tuberculous lymphadenitis..

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