

Figure.4

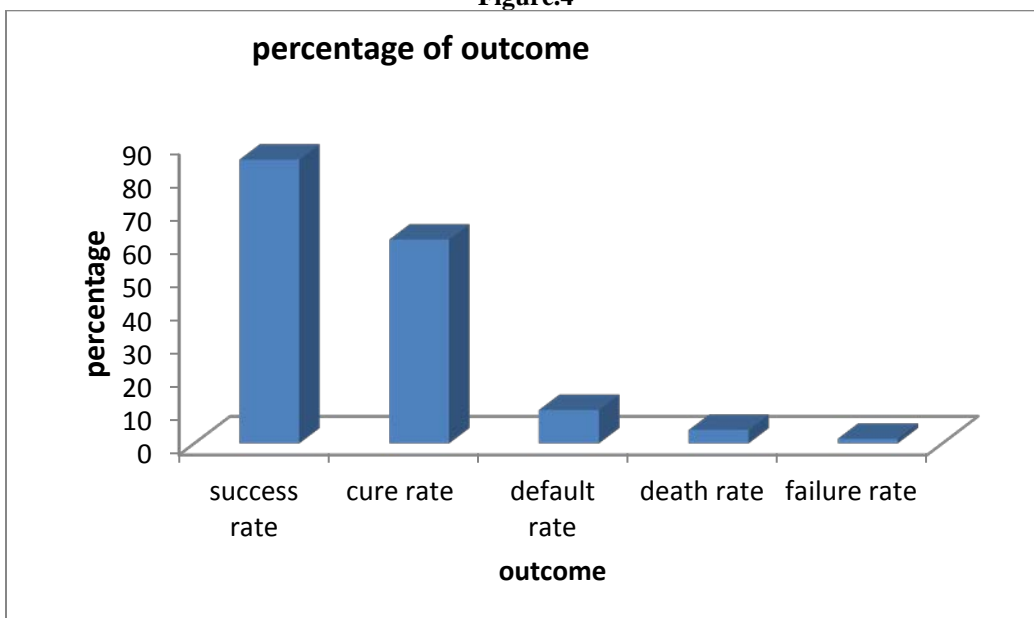
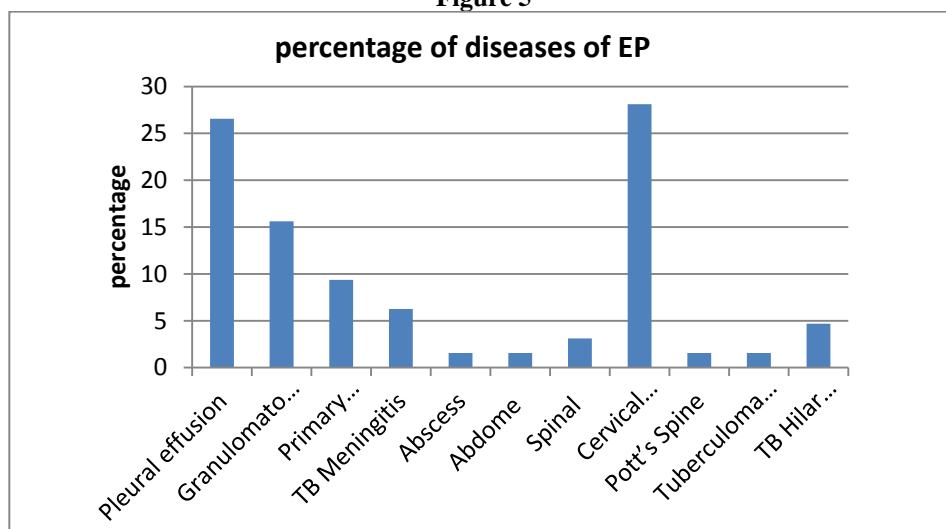


Table5. Extra pulmonary tuberculosis

Extra pulmonary TB diseases	Number of patients	percentage
Pleural effusion	17	26.56
Granulomatous Lymphadenitis	10	15.62
Primary complex	6	9.37
TB Meningitis	4	6.25
Cold Abscess	1	1.56
Abdomen TB	1	1.56
Spinal TB	2	3.12
Cervical Lymphadenitis	18	28.12
Pott's Spine	1	1.56
Tuberculoma Brain	1	1.56
TB Hilar adenitis	3	4.68
Total	64	100

Figure 5



4. DISCUSSION

The great burden of tuberculosis incidence and mortality in developing countries is in adults aged 15-60 years which includes the most socio-economically productive members of the society such as parents, workers, community leaders etc. Due to their age factor and socio-economic dependence of family they involve themselves in earning and get exposed to other cases in community [8]. In present study tuberculosis was seen more in males compared to females. Similar results were seen in study by Chennaveerappa PK et al [9] and Mir Azam Khan et al [11], reported equal number of cases in both sexes. Tuberculosis mostly affects the lungs, but it may affect other organs of the body.

The study shows that pulmonary tuberculosis accounted for 218 cases (77.3%) of the total burden of the disease in the study population, while the extra pulmonary tuberculosis accounted for 64(22.7%) cases. This data differs from the national figure which states that 85-90% of cases are pulmonary tuberculosis and 10-15% of cases are extra pulmonary tuberculosis [12], out of total new cases.

3. Among 58 NSP patients treatment outcome was, 66 (67%) patients got cured, 21(21%) patients were completed, and 7 (7%) patients were defaulters. When compared to a study treatment outcome was poor in a study done by Chennaveerappa PK et al [9] the outcome of our study was poor and When compared to our study treatment outcome was poor in a study done by Moharana et al [13]. Among 28 retreatment cases treatment outcome was, 12(43%) patients got cured, 8(29%) patients were completed, 4(14%) were defaulters, two patients were died and two patients were failure to treatment. Success rate was higher in our study when compared to a study done by S.L. Chadha and R.P. Bhagi [14].

In our study treatment outcome among total 282 subjects was, 161 out of 282(57%) patients were completed the treatment, 78 out of 127 (61.4%) patients got cured, 27(9.5%) were treatment defaulters, 12(4.2%) patients died, 4(1.4%) patients were treatment failure. The overall success rate was 84.7% (239 out of 282 cases), which included the outcome of; smear negative pulmonary tuberculosis and extra pulmonary tuberculosis.

In a study done by Chennaveerappa PK et al [9], similar success rate was observed. Lower cure rate was observed in our study when compared to the studies done by Chennaveerappa PK et al [9] and Menke et al [15]. Among 12 patients who died, three patients were made suicide attempt, others nine patients were died because of respiratory failure. Among 27 defaulters three patients had co-morbid HIV infection, 14 patients were alcoholic, eight patients were migrated and two patients went to private consultant during the course of treatment. Four patients were treatment failure due drug resistance

and category IV regimen was started. Cure rate among NSP cases and retreatment cases was less than RNTCP norm. In a study done by the Chennaveerappa PK et al [9] was reported more cure rate among smear positive tuberculosis patients compared to our study.

5. CONCLUSION

Cure rate among new smear positive cases and retreatment cases was 67% and 43% respectively. 21% of NSP patients and 29% of smear positive retreatment patients were successfully completed the treatment but the sputum at the end of treatment could not be collected from patients due to migration and lack of co-operation. The overall success rate was 84.7%; the reason for the failure rate was irregular treatment, defaulting and alcoholism.

Key message:

The highest prevalence was seen in the economically most productive age group (15-60 years).

Pulmonary tuberculosis is more common in government dots centers.

Alcohol addiction and migration play a major role in drug defaulting.

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