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GENITOURINARY TUBERCULOSIS IN NORTHERN CYPRUS
KUZEY KIBRIS TÜRK CUMHURİYETİNDE GENİTOÜRİNER TÜBERKÜLOZ

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CLINICAL FEATURE

Many patiens present vague urinary tract symptoms, su a caferul history is important. A history of previous tuberculosis in the family is significant. Painless frequency of micturation is the most common initial complaint. This occurs initially during the night, but as the disease advances, it presents itself both day and night. In nearly every case many courses of non-tuberculous antibiotics have been given, without much improvement. Hematuria, hemospermia are rare symptoms. Recurrent cystitis should alert the physician for further investigations. Occosionally, the only presenting symptom is a painless testicular swelling. In our unit 5 cases have been seen in the last 10 years. Sperm counts showed normal values. It's of slow onset and it is difficult to differentiate between tuberculosis and nonspecific (epididymo)-orchitis, specially if there is no cutaneous fistulae.

It's important to realise that the presenting symptoms may be minimal and this is in no way the reflection of the true extent of the disease as this can be advanced with considerable destruction of renal tissue.

INVESTIGATIONS

Urine:

Urine usally contains 20-30 pus cells per high powered field. A study must be carried out to isolate mycobacterium tuberculosis in at least there or preferably five consecutive early morning urine cultures. With modern culture techniques, it's not necessary to carry of guinea pig inoculation.

Radiology

Plain X-ray of the abdomen is very important. Calcification is one of the major hazard of renal tuberculosis. The calcification is more common in the more severe types of tuberculosis. You see on the left renal middle and lower pole calcification spots and mesenteric lymph calcifications.

Mesenteric lymph calcification.

Multiple calcifications on the left kidney

The high-dose intravenous urogram has been an outstandig advange in the investigation of renal tract pathologies. Different types of renal, caliceal, ureteral, ureterovesical and vesical lesions can be detected with this method. Tomography can be combined with the urogram if more localised information is required.

TREATMENT

Chemotherapy:

Short-course chemotherapy is now the standart treatment for genitourinary tuberculosis. It's divided into two phases, wirst is the intensive phase and the second is the less intensive phase.

I. phase:	Pyrazinamide	25 mg per kg. per day
First two months	Isoniazid	300 mg daily
	Rifampicin	400 mg daily
	Streptomycine (Optional if there's extensive disease)	I gr daily
II phase	Isoniazid	600 mg three times daily
Second two months	Rifampicin	900 mg three times daily

Surgery:

In short, we can say, first the excision of the diseased tissue and secondly reconstructive surgery.

CONCLUSION

Patients presenting with genitourinary tuberculosis should be managed as outpatients. Chemotherapy should not exceed four months. Surgery, if required, should be performed after 4 weeks of intensive chemotherapy. As a planned procedure the patients should not be followed up for more than a year unless there is renal calcification.

SUMMARY

During the last 30 years, genitourinary tuberculosis has shown a steady decline with effective chemotherapy. The disease remains as serious if undiagnosed or untreated. It's estimated that over 3 million people die of tuberculosis throughout the world each

year but only 3 to 4 per cent of them develope metastatic genito-urinary lesions. Between the years 1973 and 1985 in a period of 12 years a total of 458 patients suffering from pulmonary tuberculosis attended our hospital. 16 patients developed metastatic genitourinary lesions (4,1 %).

ÖZET

Son 30 yıl içinde etkin kemoterapi sonucu ürogenital tüberküloz olgularında devamlı bir azalma görülmüştür. Hastalık teşhis ve tedavi edilmediği takdirde ciddi bir sorun olarak devam eder. Dünyada her yıl yaklaşık 3 milyon insanın tüberkülozdan öldüğü bilinmektedir. Ancak bunların % 3-4'ünde metastatik ürogenital lezyon oluşur. 1973-1985 yılları arasında 12 yıllık bir süre içinde hastanemize 458 akciğer tüberkülozu olgusu baş vurmuştur. Bunların içinde metastatik genitoüriner lezyonlu hasta 16 tanedir (% 4,1).

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