

25. EVOLUTION OF TB IN BCG UNIMMUNIZED CHILDREN

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Introduction. The anti-vaccination movement increase in society has led to a significant decrease in children vaccinated with BCG. This has a direct impact on the increase in the number of severe cases of TB and makes the outcome of anti-TB treatment unpredictable.

Aim of study. Study of the evolution of tuberculosis in children not vaccinated with BCG.

Methods and materials. We examined a sample of 20 cases of TB in BCG unimmunized children and evaluated the risk factors of having TB, the methods used to confirm TB, and the clinical evolution.

Results. The study sample included 12 boys (60%) and 8 girls (40%), 15 (75%) children being of risk age. Parent refusal of BCG immunization was found in 9 (45%) cases, followed by 2 (10%) children that have contraindication. 14 (70%) children were found in a family or school TB outbreak, 4 (28,5)% of them were from MDR outbreak. There were 19 (95%) cases tested by Mantoux test - 16 (80%) were negative and 3 (15%) were hyperergic, by CT were examined 16 (80%), and by Quantiferon 9 (45%) out of which 4 (20 %) were positive. There were found 6 (30%) children with intrathoracic tuberculous lymphadenopathy, 2 (10%) HIV co-infected children. Furthermore, 1 (5%) adolescent was found with infiltrative pulmonary TB. At hospitalization, the structure of concomitant pathologies was: anemia 9 (45%), RS- 4 (20%), GIS 3 (15%), US - 1 (5%), CVS - 1 (5%) CNS - 1 (5 %). The improvement in clinical dynamics at 1 month was estimated at 30%. At 2 months the clinical manifestations improved by 65%, and at more than 2 months of treatment

Conclusion. The data in the literature on the prevention of *M. tuberculosis* infection of the BCG vaccine are controversial, but the fact that the BCG vaccine has a protective effect and decreases the time needed to relieve symptoms remains irrefutable.