

Kulchavenya E., Shevchenko S.

Novosibirsk Research TB Institute, Novosibirsk Medical University, Dept. of Urogenital, Novosibirsk, Russia

**Introduction & Objectives:** Urogenital tuberculosis (UGTB) is common, but often underdiagnosed disease, even in the regions with high prevalence of tuberculosis (TB). Urinary tract infections (UTIs) may mask UGTB.

**Materials & Methods:** Design of study: Open prospective cohort study, in which 265 doctors were enrolled. All filled out special questionnaire on clinical features of UGTB and examination on UGTB. As well 401 doctor was interviewed on their preferences in empiric therapy for acute uncomplicated cystitis.

**Results:** None specialist gave correct answers on all test questions. Only half of the doctors (50.6%) knew, that TB is the leading cause of death worldwide from a single infectious agent. Less than third doctors (27.1%) knew how urine should be collected for the investigation on UGTB. But 66.1% of doctors gave correct answer on isolated bladder TB. The questions on outcomes of UGTB and criteria of it cure were difficult for half of doctors (accordingly 43.8% and 50.6% of correct answers only). For empiric therapy for acute uncomplicated cystitis nitrofurans (29.7%) and fluoroquinolones (26.6%) were most popular. Fosfomycin was prescribed first by 17.1% of doctors, and cephalosporins – by 12.7%. For the therapy of recurrent cystitis 21.6% of urologists chose cephalosporins, another 21.6% preferred fosfomycin, 15.9% - nitrofurans, and 13.6% - fluoroquinolones. For chronic pyelonephritis cephalosporins were most popular - (59.6%); than – amoxicillin / clavulonate and fluoroquinolones (both on 15.4%). Also urologists were asked two additional questions: "Do you consider it is justified to avoid antibacterials which inhibit the growth of *M. tuberculosis* (fluoroquinolones, amikacin) for empirical treatment of UTIs?". Every third specialist answered "no" – although 66.7% had high index of suspicion on UGTB and had never prescribed fluoroquinolones, amikacin to patients with UTI before examination their urine on *M. tuberculosis*. The second question was for those, who answered "no" on first question. We asked them – why? Forty percent of respondents considered the problem of UGTB is exaggerated, and 60% of urologists agreed, that UTI may mask UGTB, but they wanted to receive fast and good results, and so they were ready to neglect possible UGTB.

**Conclusions:** The level of knowledge on UGTB is insufficient. About third of doctors prescribed non-optimal therapy for UTIs. There is low index of suspicion on UGTB.