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Methodology of collection of spontaneous sputum for microbiological confirmation of the diagnosis of pulmonary tuberculosis, pulmonary disease by non-tuberculous mycobacteria or for follow-up of out- and in-patients under anti-tuberculous therapy

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The main objective of collection of spontaneous sputum of patients suspected of pulmonary tuberculosis is to support the microbiological diagnosis of this disease. Samples with good quality and volume ranging from 5 to 10 ml are recommended because higher the volume and more purulent the sample, more probable will be the isolation of Mycobacterium tuberculosis. Sputum volume of 10 ml or near this value should be collected. The patient should be stimulated as much as possible to expectorate this volume. Volumes ≤ 5 ml should only be considered enough if the patient is not able to expectorate after several unsuccessful attempts. In relation to the patients under anti-tuberculous therapy, the main objective of the collection of spontaneous sputum once a month is to confirm the negativity of direct search of alcohol acid fast bacilli (AFB) and mycobacterial culture. Therefore, all the recommendations should be also respected in order to reach volume of 10 ml and good quality sample. In the talk, the author will describe in detail about the procedures.

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