

Detailed Explanation of Pulmonary Tuberculosis

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PERSPECTIVE

Pulmonary tuberculosis *Mycobacterium tuberculosis* causes tuberculosis (TB). This is a contagious airborne infection that destroys tissues in the body. Pulmonary tuberculosis occurs when *Mycobacterium tuberculosis* mainly affects the lungs. However, it can spread from one organ to another. Early diagnosis and antibiotic treatment may cure the disease. Pulmonary tuberculosis, also known as consumption, was widespread in North America and Europe during the 18th and 19th centuries. The discovery of antibiotics such as streptomycin has allowed physicians to better treat and control the spread of tuberculosis. Since then, tuberculosis has been declining in most developed countries. However, according to reliable sources from the World Health Organization (WHO), tuberculosis remains one of the top 10 causes of death in the world, with an estimated 95% of tuberculosis diagnoses and tuberculosis-related deaths occurring in developing countries. The cause of tuberculosis has not been reported. As the cause of PH and a study in India emphasized that 15% of PH patients have a history of PTB. Few studies have investigated the presence of PH in the treatment of tuberculosis patients. PH plays an important role in the quality of life of these patients, so it is important to keep this in mind when planning long-term care. Latent tuberculosis infection Exposure to *M. tuberculosis* does not necessarily mean that you will get sick. Most of the 2.5 billion people who have the bacterium have a latent tuberculosis infection. People with latent tuberculosis infection are not contagious and have no symptoms because the immune system protects them from the disease. However, latent tuberculosis can develop into active tuberculosis. If you have a condition that affects your immune system and causes an infection, such as HIV infection, you may be at increased risk. When symptoms begin to appear, they become contagious and can develop pulmonary tuberculosis.

Pulmonary tuberculosis symptoms

- Have a persistent fever, including a slight fever
- Night sweats
- I have chest pain
- Unexplained weight loss

Risk factors for pulmonary tuberculosis

The risk of developing pulmonary tuberculosis is highest in people who are in close contact with tuberculosis patients, and the other factors below are

- Smokers.
- People with autoimmune disorders such as lupus and rheumatoid arthritis
- People with lifelong illnesses such as diabetes and kidney disease
- The person who injects the drug

Diagnosis of Pulmonary Tuberculosis

- Perform a physical examination to check for water in the lungs.
- Ask about your medical history
- Schedule a chest x-ray
- Order a medical test to confirm pulmonary tuberculosis

Some other tests include a

CT scan: It is an imaging test to check the lungs for signs of infection.

Bronchoscopy: A procedure in which endoscope is inserted through the mouth or nose to allow the doctor to see the lungs and airways.

Thoracentesis: A procedure for removing fluid from the space between the outside of the lung and the chest wall.

Treatment of latent tuberculosis and pulmonary tuberculosis

It is important to seek treatment for latent tuberculosis, even if you are asymptomatic, as you may develop pulmonary tuberculosis in the future. For latent tuberculosis, only one tuberculosis drug may be needed. If you have pulmonary tuberculosis, your doctor may prescribe some medications for you. For best results, you should take these medications for at least 6 months.

The most common tuberculosis drugs are:

- Isoniazid
- Pyrazinamide

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- Ethambutol (Myambutol)
- Rifampicin (Rifampicin)

Doctors may recommend an approach called direct supervised therapy (DOT) to ensure that treatment is completed. Discontinuing

treatment or skipping treatment can lead to drug resistance to pulmonary tuberculosis, which can lead to MDRTB. If you are not taking DOT, schedule it and make sure you do not miss it. Here are some tips to help you remember to take your medicine.