

The problem of early diagnosis of lung cancer, arisen from specific process, is extremely actual and difficult. Relevancy is caused, first of all, by late diagnosis of the tumor of a lung which arose from tuberculosis when radical treatment is already impossible. Secondly, both of these diseases can proceed certain period as symptom-free or with the minimum clinical signs, thus have similar clinicoradiologic signs. It is established that one of risk factors of development of a lung cancer are a male, the age is more senior 50 years and chronic diseases of bronchopulmonary system, tuberculosis from them. Long-standing chronic diseases of bronchopulmonary system are morphologically characterized by metaplasia and displasia of an epithelium that is considered as precancer states.

Objective is studying of a role of radiological and bronchoscopic methods of research of diagnosis of the central endophytic tumor of a lung at patients with tuberculosis of lungs.

Materials and methods: the analysis of literature, a clinical case of the central endophytic tumor of a lung which arose from tuberculosis according to own practice.

Results

The central cancer of a lung is a tumor which develops in areas of the main, lobal or segmental bronchus. The central endophytic tumor of a lung expands in the thickness of a bronchus wall with infiltration of mucous membrane and a submucous layer that leads to broncoconstriction, violation of its possibility and at later stages – to atelectasis. Therefore, the priority method of research at the central cancer of a lung is the fiber-optic bronchoscopy, which allows to visualize a tumor, and also to receive material for morphological verification of the diagnosis. Such radiological methods of research as the survey roentgenogram are informative at late stages of development of the endophytic tumor of a lung. The most informative method at early stages is multislice spiral scanning which feature is isotropy of images (equal quality in all planes).

At joining of the central cancer to tuberculosis the earliest radiological signs are the alternating hypoventilation of one of segments or the whole part of the affected lung. The fresh centers or focuses are often noted as a result of lobular atelectasis and a pneumonitis which can quickly reabsorb under the influence of antibiotics of a wide range that isn't peculiar to tuberculosis. The most convincing, though late, radiological symptoms of the central cancer are segmental or lobal atelectasis, and also increase in a shadow of a root of a lung that can't be at secondary tuberculosis. There is the clinical case of development of the central endophytic tumor of a lung at the patient with multiresistant tuberculosis of lungs.

Conclusions

There is necessary the combination of such methods of research as radiological and fiber-optic bronchoscopy (with research of bronchus aspirate) that gives in total the considerable volume

of information on development of central endophytic tumor of a lung at the patient with tuberculosis.