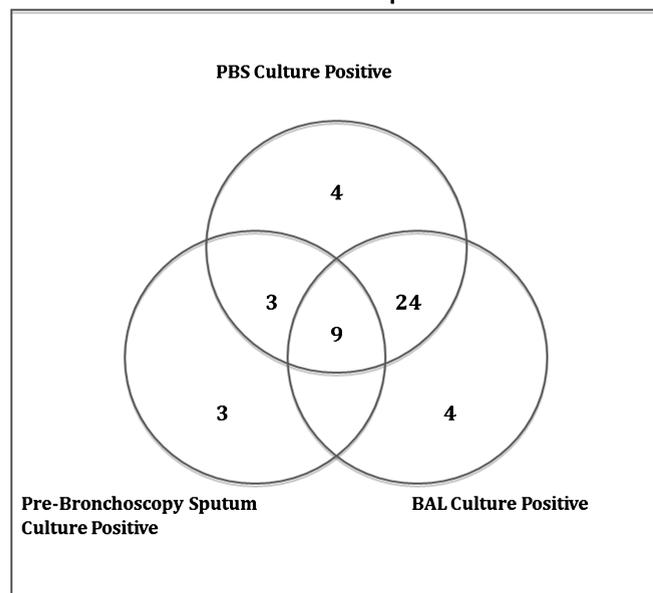


Indian subcontinent (8%). 15 patients (30%) converted to AFB sputum smear positivity post bronchoscopy and five patients (10%) were exclusively AFB sputum smear positive on PBS microscopy. *M tuberculosis* was cultured from the PBS of 40 patients (80%) and four of these (8%) were exclusively PBS culture positive (Abstract P55 Figure 1). Two of these four patients were infected with HIV.

M.Tuberculosis Culture Positive Results for Pre-bronchoscopy, BAL and PBS Samples



(PBS – Post bronchoscopy sputum, BAL – Bronchoalveolar lavage)

Abstract P55 Figure 1 M tuberculosis culture positive results for pre-bronchoscopy, BAL and PBS samples.

Conclusion Sampling sputum post bronchoscopy can provide a previously underutilized method of making a rapid diagnosis of PTB and reduce the number of patients who are treated on an empiric basis, particularly in the context of sputum smear negative or non-productive disease. Importantly it can increase culture yield by up to 8% hence allowing for a greater proportion of appropriate treatment of drug resistant strains. PBS sampling is also a key infection control measure that should be considered following bronchoscopy. Further studies are now required to establish the duration of smear positivity post bronchoscopy in patients who were previously considered non-infectious but in the light of this data, we consider it best practice to only de-isolate such patients when their infective status can be ascertained with at least one post-bronchoscopy sputum sample.

P56 HIGH INCIDENCE OF TUBERCULOSIS IN PATIENTS WITH CHRONIC KIDNEY DISEASE IN A TERTIARY REFERRAL UNIT

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Introduction Patients with chronic kidney disease (CKD) are at increased risk of developing tuberculosis (TB) due to immunosup-

pression from renal failure. There is little information on incidence of TB in CKD patients in countries such as the UK with a low background rate of TB. The incidence of TB is 14.9/100 000 population in UK and 43/100 000 population in London.¹ Our aim was to establish this incidence in our CKD patients.

Methods We identified 40 patients with CKD at a single large renal unit in London who developed TB from 1994 to 2010. Data collected included site of TB, treatment received for CKD (pre-dialysis, peritoneal dialysis (PD), haemodialysis or transplant) and outcome. Incidence of TB was calculated from total number of TB patients and total number of CKD patients in each CKD treatment group from 1994–2010.

Results Sites of TB were: 21 pulmonary, six lymph node (cervical, mediastinal and aortic lymph nodes), five disseminated/miliary, six spinal, one renal, one skin and three of unknown sites. Only three patients had a past medical history of TB. Three PD patients had TB of whom two had peritoneal TB. 18/40 CKD/TB patients were pre-dialysis, 3/40 had PD, 15/40 were on haemodialysis, 4/40 had a transplant. The incidence of TB was 398/100 000 in patients on PD, 1267/100 000 in patients on haemodialysis and 298/100 000 in renal transplant recipients. No total pre-dialysis patient numbers were available. 17/40 patients were further immunosuppressed by either HIV (five cases) or drugs (12 patients) such as prednisolone, cyclosporine, tacrolimus or mycophenolate mofetil. Most of the latter had either functioning or non-functioning transplants. All patients were cured except for one who died of an unrelated cause.

Conclusions Patients with CKD are at increased risk of developing TB compared with the general UK population. Peritoneal TB is more common in patients on PD whereas pulmonary TB is seen more often in other CKD groups followed by lymph node TB. More than two fifth of the CKD/TB patients had further immunosuppression in the form of drugs or HIV infection, thus further increasing their risk of developing TB.

REFERENCE

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P57 THE LONDON TB METRICS: ARE TARGETS ACHIEVABLE IN A LOCAL DISTRICT HOSPITAL CLINIC?

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Introduction and objectives Tuberculosis (TB) has re-emerged as an important public health problem in the UK. Subsequent to the publication of 'Stopping Tuberculosis in England: An Action Plan from the Chief Medical Officer' in 2004, the London TB Metrics was produced, against which the performance of local TB services can be measured. This audit recorded relevant aspects of diagnosis and management of all adult TB patients in a local district hospital TB clinic, and compared them against the Metric targets.

Methods Eight of the nine Metric indices were selected (neonatal BCG vaccination coverage excluded). Data were collected on all adult patients seen in an outpatient TB clinic in 2008 and compared against targets set in the London TB Metrics.

Results 73 adults (35 males, 38 females) were diagnosed, of which 38 (49.4%) were pulmonary cases. 69 patients (94.5%) were offered an HIV test; 63 patients attended for testing, with two patients testing positive for HIV. Abstract P57 Table 1 summarises results achieved.