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Title: Using results of new laboratory test for tuberculosis infection in children

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Body: Aim. To evaluate skin test efficiency using new reagent for tuberculosis infection diagnostics – DIASKINTEST. Methods. We analyzed results of DIASKINTEST (DST) in 105 patients: 53 children with active tuberculosis (TB), 20 – with treated TB; 12 – with non-tuberculosis process and 20 children with BCG vaccination complications. Making method and interpretation of examination test is analogous to Mantoux sample. Results. Patients with active TB in various stages of chemotherapy had positive reaction in 88.7%, in the beginning of treatment – 94.0% cases. 4 children with lung TB and 2 children with TB peripheral lymphadenitis had negative reaction to DST (11.3%). 88.5% children had descent reaction to DST and its reversion to negative during chemotherapy; 7.7% patients had invariable negative reactions. patients with clinical treated TB and positive Mantoux test had negative DST in 65.0% and positive in 35.5% cases. All the children with non-tuberculosis process and BCG vaccination complications with positive Mantoux test – had negative DST reaction. Conclusion. Positive DST sample is marker of active tuberculosis infection. Skin test with preparation DIASKINTEST had high specificity: frequency of negative reactions in children with non-tuberculosis and BCG complications was 100%; also had high sensitivity: frequency of positive reactions in children with non-treated TB was 94.0%. DST sample is safe to use in children practice – it was no unusual reactions (3 cases of rise temperature in 1908 samples).