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Patient knowledge, practices and challenges to health care system in early diagnosis of mycobacterial adenitis

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Abstract

Objective: To assess diagnostic delay, knowledge and practices related to tuberculosis among patients with mycobacterial adenitis.

Design: A cross sectional study involving comparison analysis of high-risk groups.

Setting: Seven hospitals in rural and semi-rural districts of Arusha.

Subjects: Four hundred and twenty six clinically diagnosed adenitis patients.

Interventions: Biopsy specimens were processed for culture, histology, and sera for HIV testing. A questionnaire was used to assess knowledge, practice, and diagnostic time.

Main outcome measures: Tribal comparisons were made using proportions and means.

Results: About 90% (387/423) of patients first visited medical facilities within a mean time of 10.1(SD, 15.7) weeks after becoming aware of their illness, and a diagnosis was made at a mean of 27 (SD, 25) weeks. Non-Iraqw patients, especially the Datoga, practised drinking raw milk (35.2% 43/122), eating raw animal products (18.8% 24/128) and living in houses with poor ventilation (33.6% 44/131), more than Iraqw patients. Of the investigations done, 14.5% (60/415) were culture positive, 11.3% (16/142) were HIV positive, and 73.6% (128/174) had histological features consistent with tuberculosis. The knowledge of TB spread by air droplets was poorer in Iraqw (74.1%, 203/274) than in non-lraqw (61.1%, 77/126) patients. About 35.0% (45/129) of non-lraqw and 27.3% (79/289) of Iraqw patients were not aware that TB could be transmitted from animals to humans.

Conclusions: The health system diagnostic delay is about twice the patient delay. The knowledge and practices related to both human and bovine TB transmission were poor in all patients, especially in the patients from nomadic tribes.