NON-TUBERCULOUS MYCOBACTERIA LUNG DISEASE IN THE PATIENTS WITH CHRONIC THROMBOEMBOLIC PULMONARY HYPERTENSION (CTEPH) AND IDIOPATHIC PULMONARY HYPERTENSION (IPAH) – THE OCCURENCE, CLINICAL COURSE AND PROGNOSIS.

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Non-tuberculous mycobacterial lung disease (NTMLD) is a rare disorder diagnosed in 0,6-1,8/ 100 000 of population. Nevertheless NTMLD may be observed more frequently (2-6%) in the patients (pts) with predisposing conditions such as chronic lung diseases (COPD, cystic fibrosis), genetic disorders and many others. NTMLD was diagnosed occasionally in CTEPH and IPAH pts seen at our Center. The aim of the present study was to assess the frequency and clinical features of NTMLD in CTEPH and IPAH pts. 250 patients (150 with CTEPH and 100 with IPAH) diagnosed and treated in the Department of Chest Medicine, National Institute of Tuberculosis and Lung Diseases in the period of 2002-2008 entered the study. NTMLD fulfilling the criteria of ATS 2007, was diagnosed in 9 pts (3,6%): 6 pts with CTEPH (4%) and 3 with IPAH (3%). Majority of patients presented with exacerbation of dyspnea. Chest CT scans revealed foci of infiltration with cavitation, surrounded by small nodules in 4/9 pts, cavities surrounded by small nodules in 4/9 and cavities only in 1 pt. NTMLD-related lung pathology developed in the areas with hypoperfusion, no parenchymal lung pathology was seen on CT scans taken before the NTMLD onset. The responsible pathogen was *M. kansasii* in all of the patients. Number of positive cultures was 2-5 (sputum and/or bronchial secretion) in seven pts, and single culture (bronchial secretion) in two pts. All the patients received the treatment consisting of RFM, INH, EMB, with clinical and radiological improvement. At the end of 2010 – 4 patients are still alive, the remaining 5 died. The cause of death was end stage heart insufficiency. None of the patients died in the course of NTMLD. Conclusion: CTEPH and IPAH are probably the diseases predisposing to NTMLD.