

COPD 2019: Diagnostic features of HIV-associated lung disorders Scientific Research Institute of Lung Diseases in Azerbaijan

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The fight against HIV is one in all the targets in our century. Thus, among the HIV-infected patients, one in all the foremost dangerous and outstanding with its complications is those with lung pathologies. According clinical staging of the disease, such patients may present Tuberculosis, Pneumocystis jirovecii, Cytomegalovirus's, Candidiasis, and Toxoplasmosis etc. The research by research institute of lung disease was allotted among the inpatient individuals in amount of 48.37 (77%) of them were presented with tuberculosis and 11 (23%) with Interstitial Lung Disease (ILD). Studies were presented on HIV-positive patients who were divided by the randomization techniques. Among 37 patients with tuberculosis, 29 (78%) had AFB (acid fast bacillus) with Expert, HAIN methods, 6 (22%) were diagnosed by imaging methods (HRCT, chest X-ray) and serum ADA level. per previous studies, there are no correlations between serum ADA level elevations at HIV-positive patients (p value 0.05). Among 11 patients presented with ILD Pneumocystis jirovecii were detected at 5 (45%), 3 (27.5%) were presented with daily mortality, 3 took a Co-Trimaxozole therapy diagnosed by imaging methods. Clinical effectiveness was approved by the presence of pneumocystis origin. At the second stage of the study was found a correlation between different lymph cell count and imaging rating. Thus, among total number of 119 HIV-positive patients, 38 (32%) had infiltration zones, 53 (44%) had a destruction, 20 (17%) dissemination, 8 (7%) mediastinal lymphadenopathy. Statistic results p value 0.000424, thus there's statistics. most of the people who researcher level knows that attending an academic conference are a worthwhile opportunity. a clear reason is we get to seek out out new knowledge within the sector. From my experience, going to 9th International Conference on COPD and Lungs conferences benefits me far beyond this answer. I do believe that attending a 9th International Conference on COPD and Lungs conference provides

an outstanding platform for professional development, to grasp more about Respiratory diseases. First and for several, it allows us to position ourselves out there and present interesting findings from our research. this might cause further thought-provoking discussion among us and other scientists within the sector. Most of the time, we predict and work on our own and it is often productive to possess someone with fresh eyes critically share their thoughts on our work also as what we could do to reinforce it. In some case, we'd interact with someone who is engaged on a specific area that enhances our work. during this case, the discussion can cause potential future collaborations. As a young scientist, I found both oral and poster presentation to be very challenging in several ways. An speaking is usually 12 minutes long. you have a 10-minute period to tell your story and another 2 minutes to answer questions from the audience. From my experience; you will be ready to excel the presentation part by practicing and putting many thoughts on the flow of the presentation and limit the contents to where your audience can follow easily in 10 minutes. Knowing your audience is typically the foremost important key to success in a very presentation. this is often actually because you'd cater the info, details to be included and words you utilize to suit your audience. The tougher part on behalf of me is after you want to reply to questions from the audience. providing i'm already nervous to speak publicly, i might prefer to think on my feet so on produce a sound answer to a problem which i'd not have thought of before. it's definitely challenging, yet helpful for developing my skills in communicating science. And remember, to master a skill, you want to remain practicing it. You'd possibly fail again and again before you start to require you're convalescing, BUT that's a required step of growth.

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