Introduction/Objectives: Tuberculosis (TB) is an infectious communicable disease caused by Mycobacterium tuberculosis, considered a public health challenge and the leading cause of death from an infectious agent, especially in developing countries. Cutaneous tuberculosis is a notable clinical form of TB, and it is the most uncommon, more commonly affecting young adults, especially women. In this context, this study aims to describe the epidemiological profile of cutaneous tuberculosis cases in the state of Pará.

Methods: This is a quantitative ecological study based on secondary data obtained from DATASUS. Reported cases of cutaneous tuberculosis in the state of Pará from 2015 to 2024 were analyzed using variables sex, age, schooling, outcome, and laboratory confirmation. Collected data were evaluated in Microsoft Excel, and variables were presented in absolute and relative frequency terms.

Results: During this period, the state of Pará recorded 119 cases of cutaneous tuberculosis, with slight predominance among males (52.1%, n=62). Although the literature indicates higher occurrence in women, local data show annual fluctuations, with female predominance in some years (2020, 2021, 2023, 2024). Most cases occurred among middle-aged adults (40–59 years; 36.97%, n=44), contrary to the expected trend of higher prevalence in young adults (20–39 years; 31.09%, n=37). Wide variation in schooling levels was observed, with emphasis on individuals with complete high school education (23.52%, n=28). Regarding outcomes, 76 patients (63.86%) were cured, but there were 14 cases with unknown outcome (11.76%), mainly in 2024, 7 dropouts (5.88%), and 1 death (0.84%). These data suggest weaknesses in follow-up and case recording. Only 16 diagnoses were laboratory confirmed (13.44%), reflecting limitations in the state's diagnostic structure, where clinical diagnosis remains the main resource. This scenario reinforces the need to strengthen surveillance, continuous care, and training of health teams.

Conclusion: The study showed an atypical profile of cutaneous tuberculosis in Pará, weaknesses in diagnostic infrastructure, and failures in clinical follow-up. The need to strengthen diagnosis, surveillance, and training to improve disease control in the region is highlighted.

Keywords: Cutaneous tuberculosis, Epidemiology, Pará.

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COMPARATIVE ANALYSIS OF CLINICAL FORMS OF TUBERCULOSIS IN RORAIMA AND IN BRAZIL (2014–2024)

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Introduction/Objectives: Tuberculosis (TB) presents in different clinical forms, with pulmonary TB being the most common and transmissible, while extrapulmonary TB and mixed forms (pulmonary + extrapulmonary) have particular epidemiological characteristics. This study aims to compare the distribution and trends of TB clinical forms in Roraima and in Brazil from 2014 to 2024.

Methods: A descriptive comparative epidemiological study was conducted using data on confirmed TB cases reported in the Notifiable Diseases Information System (SINAN) of the Ministry of Health/SVSA. Cases of pulmonary TB, extrapulmonary TB, and pulmonary + extrapulmonary TB were analyzed for Brazil and specifically for the state of Roraima from 2014 to 2024. The analysis included comparison of temporal trends of each clinical form and the proportion of each form relative to total cases in both geographic contexts.

Results: In Brazil, the total number of TB cases oscillated over the decade, with 85,146 cases in 2014 and 94,859 in 2024. The pulmonary form predominated, representing the vast majority of cases (about 80–90%). Extrapulmonary TB remained stable in absolute numbers (approximately 10,000 to 13,000 cases annually), while the pulmonary + extrapulmonary form ranged from 2,771 to 3,701 cases. In Roraima, the total number of TB cases showed a sharper increase, from 143 in 2014 to 550 in 2024. Pulmonary TB in Roraima also increased significantly, from 111 cases in 2014 to 420 in 2024. However, the proportion of extrapulmonary cases in Roraima, although much smaller in absolute numbers than nationally, showed a percentage increase, rising from 22 cases in 2014 to 53 in 2024 (increase of 140.9%). In addition, pulmonary + extrapulmonary TB in Roraima showed a notable increase, from 10 cases in 2014 to 77 in 2024, representing a 670% increase, which is proportionally much greater than that observed nationally.

Conclusion: The analysis shows that although pulmonary TB is the predominant form, Roraima experienced a more marked increase in total TB cases and, notably, a disproportionately greater growth in extrapulmonary and pulmonary + extrapulmonary forms compared to the national trend. These differences may be related to factors such as intensification of migratory flow and challenges in local access and diagnosis.

Keywords: Tuberculosis, Amazon, Roraima.

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ANALYSIS OF THE CARE CASCADE OF PATIENTS WITH TUBERCULOSIS AND CHRONIC KIDNEY DISEASE IN A TERTIARY CARE SERVICE

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Introduction/Objectives: Tuberculosis remains a major global public health challenge, with the WHO reporting approximately 10 million new cases and 1.5 million deaths annually. Among the most vulnerable groups are patients with chronic kidney disease, whose immunosuppressed state – either due to the disease itself or to post-transplant immunosuppressive therapy – significantly increases the risk of developing active tuberculosis. The main objective of this study was to evaluate gaps in the diagnosis and treatment process of tuberculosis in patients with chronic renal failure, aiming to identify critical points for improving care for this population.

Methodology: Retrospective analysis of medical records of patients with tuberculosis treated at a tertiary hospital. Cases with chronic kidney disease were included. Statistical tests used were Chi-Square, Fisher's exact test, and Mann-Whitney ($p<0.05$). Software: EPI-INFO 7.2.6.0.

Results: The mean age of the population was 51.8 years. Although the pulmonary form was the most frequent, a high proportion of extrapulmonary cases was observed (46.6%). Screening for latent tuberculosis was performed in only 8.3% of patients, exclusively using the tuberculin skin test, with no cases investigated using interferon-gamma release assays. Clinical outcomes showed that 61.6% of patients achieved cure, while 10% died directly due to tuberculosis and 25% died from other associated causes. Statistical analysis demonstrated that use of the RHZE regimen was associated with better survival, whereas the presence of positive sputum smear microscopy correlated with higher risk of death, both with statistical significance.

Conclusion: The results highlight important gaps in the care of patients with tuberculosis and chronic kidney disease. Notably, there was a low rate of latent tuberculosis screening, absence of use of the most appropriate diagnostic methods for this specific population, frequent diagnostic delay – especially in extrapulmonary forms – and a high occurrence of treatment-related adverse events. These findings reinforce the need to develop specific clinical protocols that consider the particularities of this population, with special attention to toxicity monitoring and dosage adjustments according to renal function, aiming to improve clinical outcomes in this high-risk group.

Keywords: Tuberculosis, Chronic kidney disease, Kidney transplantation, Care cascade.

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ANALYSIS OF LEPROSY AMONG OLDER ADULTS IN MINAS GERAIS, RIO GRANDE DO SUL, AND RIO DE JANEIRO: PREVALENCE BY CLINICAL FORMS, LEPROSY REACTIONS, AND DISABILITY ASSESSMENT (2014–2024)

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Introduction/Objectives: Leprosy is an infectious disease with high potential for disability and significant impact on public health in Brazil. In the elderly population, it is particularly concerning due to a higher risk of complications and more severe disease. The states of Rio Grande do Sul (RS), Minas Gerais (MG), and Rio de Janeiro (RJ), which have the largest elderly populations in Brazil, were selected as the basis for analyzing leprosy behavior in this age group. The study aimed to analyze the epidemiological profile of leprosy among older adults, focusing on clinical form, presence of leprosy reactions, and degree of disability at diagnosis between 2014 and 2024.

Methodology: Observational, descriptive, and retrospective study based on secondary data from the Notifiable Diseases Information System (SINAN) from 2014 to 2024 for the states of MG, RS, and RJ. Age group, clinical form at diagnosis, disability assessment at notification, and reaction episodes were analyzed.

Results: A total of 8,612 cases were identified (MG = 54%, RJ = 39.6%, RS = 6.4%). The 60–69 age group accounted for 59.9% of notifications, followed by 70–79 years (30.7%) and ≥80 years (9.3%). Multibacillary forms predominated, particularly the borderline form – 49.3% in MG, 36.4% in RJ, and 42.9% in RS – and the lepromatous form – 23.8%, 26.7%, and 25%, respectively. Grade II disability was recorded in 25.3% of cases in Rio Grande do Sul, 19.8% in Minas Gerais, and 14.5% in Rio de Janeiro. Regarding leprosy reactions, MG had 53.7% with missing information; when reactions were reported, RJ showed the highest proportion (21.9%), followed by MG (9.5%) and RS (12.7%).

Conclusion: Leprosy, especially in Minas Gerais, accounted for most cases. Multibacillary forms predominated, particularly the borderline clinical form, with a high proportion of grade II disability, indicating late diagnosis and risk of complications. Significant underreporting of leprosy reactions was observed, mainly in Minas Gerais, indicating failures in data completion. A discrepancy was noted in Rio Grande do Sul, which, despite having a large elderly population, showed low occurrence of leprosy, suggesting underdiagnosis or lower disease circulation. The findings highlight the need for early diagnosis, professional training, improved notification, and deeper investigation of regional differences in leprosy among older adults.

Keywords: Leprosy, Older adults, Leprosy reactions, Multibacillary leprosy.

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