نقش سیگار به عنوان یک ریسک‌ファکتور در مراک میر می‌باشد.

فیزکور در میماری های رپوری شامل 6 سرطان (یک)، 7 بیماری و 

(5) مطالعات موردی، نقش سیگار را به عنوان یک ریسک‌ファکتور در مراک میر می‌باشد.

1. واشکی، پیام‌درخشانی: تحقیقات و خدمات بهداشتی درمانی به منظور بهبود حیات اجتماعی. ایرانی. درمانی سل و بیماری‌های بیولوژیکی. مسجد فتح‌الدین.
2. دانشکده علوم پزشکی ارشد جمعیت اسلامی ایران.
مواد و روش‌ها:

این مطالعه در بیمارستان تخصصی بیمارستان مسلمی دانشوری به عنوان یک مرکز ریگران (اراجی) انجام شد. کلیه بیماران بستره در بخش های سل مورد تعیین صورت بیماران بهداشت جهانی (WHO) بر پایه مورد مورد بررسی کلیه آنها (WHO) وارد مطالعه شدند. این مطالعه در 3 سال از فوریت 2008 تا ابتدای 2011 انجام گرفت. هدف اصلی این مطالعه بود که طول حیات و قابلیت زنده ماندن بایوکوهل معجزه ماصر شود.
REFERENCES:
9- Domagala - Kulawik J, Maskey - Warzechowska M, Kraszewska I. The cellular
27- Ruszuak C, Sapsford RJ, Devallia JL. Cigarette smoke decreases the expression of secretory component in human bronchial

28- Goud SN, Kaplan AM. Inhibition of natural killer cell activity in mice treated with tobacco specific carcingen NNK. J Toxicol Environ Health A. 1999 Jan 22; 56(2): 131-44.


Smoking as a risk factor in pulmonary tuberculosis mortality.

Seied Mehdi Mirsaeidi¹, Anahita Hirmanpour¹, Saeid Zareiy², Mohammad Afshar Ardalan³, Seied Davood Mansouri¹, Mehdi Kazempour³, Mohammad Reza Masjedi¹

1- Masih Daneshvari Hospital, Research Center of TB and Pulmonary Diseases, Shahid Beheshti University of Medical Sciences
2- Army University of Medical Sciences

Abstract:

**Background:** Tuberculosis is a considerable life threat to global health in developing countries. Smoking, as a social habit, is also an important risk factor for TB and its development. The aim of this study is to find the role of smoking in pulmonary tuberculosis mortality.

**Materials and Methods:** The patients with documented history of tuberculosis in Dr. Masih Daneshvari Hospital were enrolled into this study. Case group included all deceased patients due to pulmonary tuberculosis and Control group was chosen randomly from alive TB patients (same in number). The necessary information was gathered and the data were analyzed using Chi-square and Fisher’s Exact. Odd’s Ratio was also calculated using Mantel- Haenszel Method.

**Results:** During two years, 53 cases of died TB patients were enrolled into this study. Mean age in Case group was 53±18 years and in 57 patients in Control group, mean was 50 ± 20 years. In case group, 26(49%) and in control group, 22(39%) were male. Among Case group 47% has positive smoking habit while 17% in Control group. According to the statistical study, it wasn’t any significant difference regarding age and sex between two groups. There was greater percent of smoking habit in case group (P = 0.001). Odd’s ratio of smoking habit in case-control was 4.19 (CI 95%: 1.75, 10.01).

**Conclusion:** This study appears that smoking is an important risk factor on mortality due to pulmonary tuberculosis. According to the results, mortality risk in smoker with pulmonary TB is more than 4 time in non-smokers.

Although it needs cohort studies Considering other mortality risk factors.

**Keywords:** Mortality, Smoking, Tuberculosis.