Results Data of 772.659 hospitalisations which happened from 1998 to 2007 were collected and 70.184 (9.1%) of them were due to malignant neoplasms; 45.167 (5.8%) were due to T2DM and 2204 (0.3%) were of patients with both, malignant disease and T2DM. The mean age was 61.3 (±13.4), 63.5 (±12.6) and 65.9 years (±11.4) respectively. 21% of admissions happened in university hospital of FMRP/USP. The PR of admissions by T2DM and neoplasms was 0.48 with a CI 95% [PR 0.48 (95% CI 0.46 to 0.50)] p<0.05. Subsequent case-control study has shown similar results [OR 0.40 (95% CI 0.28 to 0.56)].

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Conclusion These findings suggest a lower chance of hospitalisation of patients with diagnosis of T2DM and associated cancer. Currently a study to clarify these findings is underway.

Introduction Increasing morbidity of respiratory allergy among children has been observed in the last decades in Poland and across developed countries. Several factors responsible for unfavourable trends were investigated and dietary factors among them. Little is known how the diagnosis of allergy may play a role in decision making regarding consumption of some foods. The aim of the current study was to investigate the frequency of allergy among schoolchildren and to explore potential relationship between respiratory allergy and consumption of vegetables and fruits.

Methods Dietary factors, the frequency of diagnosed allergy and allergy symptoms for the year prior to interview were investigated among schoolchildren in a cross-sectional study. The frequency and the portion size of 77 dietary items were evaluated. Food allergy was diagnosed before the study by a paediatrician, and a doctor of public health. The diagnosis of allergy showed a significant correlation with consumption of vegetables and fruits.

Results Among 62 schoolchildren investigated 6.5% were diagnosed with asthma, 12.9% with eczema. More reported recurrent rush, cough without inflammation, and hay fever. Overall 50.0% of children reported allergy symptoms. The rare frequency of vegetable (<median=15.8 times/week) and fruit (<median=10.8 times/week) consumption was defined. The diagnosis of allergy showed decreased risk of having a vegetable rarely (OR 0.23, 95% CI 0.06 to 0.58), but an increase in BMI by 1 kg/m² increased this risk (OR 1.23, 95% CI 1.01 to 1.50). There was no significant relationship between allergy and rare fruit consumption.

Conclusion Data from a pilot study showed a possible effect of the diagnosis of allergy among schoolchildren on their dietary habits especially recommended consumption of vegetables. The results suggest that schoolchildren with allergy more frequently consume vegetables than their healthy peers.

Introduction Occurrence of NTM infections is increasing worldwide. Symptoms and radiological signs of NTM are similar to those of pulmonary tuberculosis (TB). When the TB diagnosis is based on AFB detection only, eventual NTM diseases can erroneously be treated as TB. The aim of this study is to identify pulmonary NTM notified as TB.

Methodology A database was constructed with NTM records during the 2008–2009 period. The records were compared with TB notifications in the SPS information system during the 2006–2010 period, using RecLink III. This software implements various file processing routines, specially the association with probabilistic record linkage.

Results During the 2008–2009 period, 6754 micobacterial cultures of pulmonary origin were performed, 4885 (72.5%) of which were identified as Mycobacterium tuberculosis Complex and 1259 (18.6%) as NTM. Among NTM patients, 449 were notified as TB, with 301 (26%) being considered as matching pairs. In 2009, the treatment outcomes revealed that 38.5% obtained TB cure and 15.4% had diagnosis change. In 2008, 56.8% obtained cure and 27.1% had diagnosis change. The most frequent NTM were Mycobacterium kansasi, Mycobacterium avium and Mycobacterium fortuitum.

Conclusions The data demonstrate that many patients notified and treated as TB had really NTM disease. Evidences support the urgent need of fast diagnosis and adequate information flow for accurate treatment.