

## **AFTER ALL, IT WAS A MYCOBACTERIOSIS!**

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**Background:** Mycobacterial infection, despite rare in developed countries, is still common in low socioeconomic level populations. The forms of presentation can be protean and constitute a real diagnostic challenge.

**Aim:** To analyse the cases of mycobacterial infection whose diagnosis was not straight forward.

**Methods:** Descriptive study, from January to December 2008, of mycobacterial infections admitted in our hospital. Demographic data, origin, vaccinal status, contacts with tuberculosis, cause of admission and final diagnosis, mean length of stay and evolution were analysed.

**Results:** Seven children were identified, 2-14 years old with African origin (6/7) predominance. In all cases the final diagnosis was different from the original. The initial unfavourable clinical course prompted a detailed investigation to get the final diagnosis. The initial diagnosis were: chronic osteomyelitis (3), lymphoproliferative disease (1), parotid neoplasm (1), encephalitis (1) and chronic facial ulcer (1). The final diagnosis were osseous tuberculosis (3), ganglionar tuberculosis (2), meningeal tuberculosis (1) and cutaneous tuberculosis (1) by *Mycobacterium tuberculosis* (5) and *Mycobacterium africanum* (2). The vaccinal status was unknown in three patients and four children had BCG vaccine. Four patients had history of contact with tuberculosis. Six had tuberculinic test over 15mm. The mean length of stay was 38 days. Six patients had a favourable evolution and one died (tuberculous meningitis).

**Conclusions:** In all these patients, the initial diagnosis was unclear and the etiological investigation revealed a mycobacterial infection. This entity should always be sought in patients with risk factors or with positive tuberculin test.