POSTER PRESENTATIONS

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A CASE OF CONGENITAL TUBERCULOSIS

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We reported a term, 3.7 kg baby boy, who was admitted to the Neonatal ward at day 4 of life for fever and abdominal distension. He continued to have persistent high grade fever, progressive massive hepatosplenomegaly with severe neonatal hepatitis, pancytopenia and poor weight gain. Multiple blood and urine cultures were negative for bacterial and fungal but the C-reactive protein were elevated > 100mg/dL. There were no response to empirical antibiotics and antifungal therapy. There was no history to suggest primary or secondary immunodeficiency. History from mother revealed that she had chronic cough with constitutional symptoms during third trimester but resolved a month prior to delivery.

Ultrasound abdomen revealed multiple splenic micro abscess. The diagnosis of neonatal tuberculosis was made at day 21 of life once gastric lavage were positive for acid fast bacilli for 3 consecutive days. Unfortunately cultures for *mycobacterium tuberculosis* were unsuccessful.

Treatment in this baby posed a challenging task due to severe hepatitis. Prior to treatment initiation, the AST was 773 IU/L, ALT 268 IU/L and total bilirubin 357 umol/L (direct 70%). He was started on isoniazide, pyrazinamide, rifampicin and prednisolone. At day 5 of treatment, isoniazide was withheld due to worsening hepatitis and replaced by amikacin for 2 weeks. Isoniazid was restarted at a lower dose when the liver enzyme improved. The baby slowly responded to the antituberculosis drug and was discharged at day 95 of life. He completed 12-month course of treatment with complete recovery of his bone marrow and liver function.