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Abstract 01

Abdominal Mass due to Atypical Mycobacteria in an HIV Infected Child - How Large Is Large?

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Abstract:

Abdominal tuberculosis (TB) with formation of huge mass is rarely reported. Though abdominal TB commonly presents as abdominal lymphnodes in children, presentation as a large peritoneal mass is rare. Though masses as big as 8 cms due to tuberculosis have been reported, mass of 20cms in a child has rarely been reported to be due to TB as was seen in our patient.

An 11 years old boy recently diagnosed to be HIV infected presented with generalized abdominal pain and progressive abdominal distension along with fever for 1 month. On examination, abdomen was tender and he had guarding with rigidity along with hepatosplenomegaly. He was started on IV antibiotics, IV fluids and ionotropes. X-ray chest showed hilar opacities and ultrasound (USG) abdomen showed moderate ascites, multiple enlarged mesenteric lymphnodes and echogenic mesentery with few dilated small intestine loop with sluggish peristalsis. CT abdomen revealed enlarged partly conglomerate mildly enhancing lymphnodes of varying size in the upper abdomen and retroperitoneum and small bowel mesentery with areas of necrosis within. He underwent explorative laprotomy and was found to have normal bowel with few small mesenteric nodes and a large retroperitoneal lymph node mass measuring 15 X 20 cm. Tissue biopsy of the mass showed acid fast bacilli (AFB) on smear. Histopathological examination of tissue was suggestive of mycobacterial infection. He was started on antiretroviral therapy consisting of abacavir, lamivudine, efavirenz along with ATT consisting of rifampicin, isoniazid, pyrazinamide, ethambutol and amikacin along with azithromycin (to cover atypical mycobacteria). Six weeks later, TB culture showed presence of slow growing mycobacteria and nucleic acid test proved it to be mycobacterium avium intracellulare (MAI), so pyrazinamide was stopped. He was continued on the remaining ATT and ART and is on regular follow up.

This case highlights the fact that abdominal TB can also present as an abdominal mass and may infact mimic malignancy and diagnosis would require early tissue biopsy.