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**Recurrent Pneumonia not Always Tuberculosis or Congenital Heart**

*A J Jain, S D Chandak, M Wade, C T Deshmukh, R K Vaswani, F B Tahseen*

*Department of Pediatrics, King Edward Memorial Hospital and Seth G S Medical College, Mumbai*

**Address for Correspondence:** Dr A J Jain, Department of Pediatrics, King Edward Memorial Hospital and Seth G S Medical College, Mumbai. Email: [akshujain02@gmail.com](mailto:akshujain02@gmail.com)

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**Abstract:**

Chronic granulomatous disease (CGD) is one of the important disorders of the immune system due to phagocytic defect. We report a case of CGD who presented with recurrent respiratory tract infections who was treated like tuberculosis and also in view of rarity of this condition. A two year old girl presented with fever on and off with cough since one year of age. She had been hospitalized two times in the past for recurrent pneumonia. Birth and developmental history was normal. She was immunized till date. There was history of elder sibling death at five years of age due to recurrent pneumonia. Child had hepatosplenomegaly and crepitations in chest. Laboratory investigations revealed leucocytosis with ESR of 62 mm/hr. Mantoux test was negative. CXR showed bilateral infiltrates. CT chest showed a 2 cm cavity in right lower lobe with enlarged mediastinal lymph nodes. She was started on antibiotics and antitubercular treatment. HIV Elisa was negative. Immunodeficiency work up showed a normal Lymphocyte subset and Immunoglobulin assay. Intracellular oxidation dysfunction was demonstrated by standard Nitro-blue tetrazolium test (NBT=0) and confirmed with flow cytometry. Hence the diagnosis of CGD was confirmed. On follow up, child had right cheek abscess and treated with higher antibiotics. Child was subsequently well and was continued on cotrimoxazole prophylaxis.