

Those identified as having LTBI have all been commenced on isoniazid therapy, apart from two patients who are not expected to survive long term. Treatment has been simplified by using directly observed therapy when patients receive dialysis. Those with negative and indeterminate IGRA results will be carefully followed, enabling further clinical validation of the test. Most importantly, the IGRA test has given greater confidence to the renal unit staff and has resulted in active management of LTBI in a high risk group.

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The role of a whole blood interferon- γ releasing assay for the tracing of tuberculosis infection in bacilli Calmette Guerin vaccinated children

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Background: There are limited data about new interferon- γ releasing assay (IGRA) in pediatric ages. Paradoxically the screening of latent tuberculosis infection (LTBI) and the selection for isoniazid (INH) preventive treatment have significance in this age group. The high specificity of IGRA has a merit in younger children under BCG effects. The aim of this study was to evaluate the role of IGRA for the tracing of tuberculosis infection in BCG vaccinated children.

Methods: For 24 months, between Jul. 1, 2007 and Jul. 31, 2009, data were collected from children who visited for tuberculosis evaluation in Wonju Christian Hospital. The first group was composed of children who had close contact to active tuberculosis patients, the second group was the patients undergoing evaluations of tuberculosis with various diseases. Tuberculin skin test (TST) and QuantiFERON[®]-TB Gold In-Tube (QFT-G IT, Cellestis, Victoria, Australia) test were performed.

Results: A total of 70 children were evaluated and their median age was 5 year of age (range: 7 days – 16 years). There were 24 patients who had history of contact to active tuberculosis but no symptoms. Among them, 5 patients were QFT-G IT positive and 10 patients were TST positive when the cutoff value is ≥ 5 mm ($\kappa = 0.53$), 5 patients were TST positive when the cutoff value is ≥ 10 mm ($\kappa = 0.74$). Forty six patients were evaluated to be ruled out tuberculosis infection and 16 patients were diagnosed as active tuberculosis and improved by antituberculosis medications. In 2nd group, TST was positive in 9/16 (56.2%) and QFT-G IT was positive in 11/16 (68.7%).

Conclusion: The results of IGRA seemed to be concordant with TST in pediatric age also in diagnosing LTBI and active tuberculosis. In BCG vaccinated children, using both methods would be useful for highly selective anti-tuberculosis treatments.

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An unusual case of esophageal tuberculosis in immunocompetent female patient

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Background: Esophageal tuberculosis is an extremely rare entity, totaling 3% of total patients with gastrointestinal tuberculosis (TB). Clinically these patients may be mistakenly diagnosed as esophageal carcinoma because dysphagia and weight loss are the more frequent symptoms. Esophageal TB involvement generally affects the middle-third of the esophagus around the carina. This usually is caused by direct extension and spread from mediastinal structures, the previous mechanism of spreading the inoculation of swallowed sputum, as well as by hematogenous or lymphatic spread. The goal of this case presentation is order to emphasize the importance of tuberculosis infection in the differential diagnosis of gastrointestinal symptoms because this form of TB can be successfully treated by antituberculous chemotherapy.

Methods: A 31-year-old woman was admitted to Clemente Ferreira Institute, a reference center for tuberculosis in Brazil, with complaints of dysphagia and postprandial epigastric pain. It was associated with non-productive cough, weight loss and weakness. She otherwise was in good health, clinical examination appeared normal and, she reported no other relevant symptoms. No TB contacted informed prior history of tuberculosis. She had no immunosuppressive conditions.

Results: The barium swallow film revealed an extrinsic compression and erosion in the esophagus. She was submitted to esophagogastroduodenoscopy showing large ulcers in the esophagus, and the histopathological examination the mucous biopsy showed ulcerative inflammation and presence of granulomatous inflammation, but a negative staining for acidfast bacilli. She had a positive tuberculin skin test (13 mm). Chest X-ray showing infiltration image at right hilar region. Tubercle bacilli were isolated on Lowenstein-Jensen medium from sputum. Treatment with rifampin, isoniazid and pyrazinamide was initiated, having the patient shown favorable clinical response during a follow-up period of 6 months.

Conclusion: Esophageal tuberculosis is rare, and the diagnostic may be mistakenly considered as malignancy. The treatment with tuberculous drugs is effective, however the early diagnosis is important to avoid clinical complication or even association to malignancy tumors.

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