

TB OR NOT TB? A SPONTANEOUS TUBERCULAR ENTEROCUTANEOUS FISTULA IN A SEVERELY ACUTELY MALNOURISHED CHILD

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Introduction: Tuberculosis (TB) and severe acute malnutrition (SAM) are major health problems in east Democratic Republic Congo (DRC), a setting with persistent armed conflict and population displacement. Diagnosis of TB in children is difficult as symptoms are non-specific and diagnostic sensitivity is low, especially in SAM.

Case description: A 4-year old girl was referred for a 2-week history of fever, cough, weight loss, and swelling of the limbs and face. On examination she was febrile and tachycardic, with pedal edema up to the knee, facial puffiness, and bilateral crepitations on auscultation. She lived in an overcrowded camp for internally displaced people. Her older brother had similar symptoms and neighbours had recently started TB treatment. She was admitted with a working diagnosis of SAM-Kwashiorkor type, acute pneumonia, and suspicion of TB. At day 5, her fevers continued despite IV broad-spectrum antibiotics. Chest x-ray was insignificant. Sputum microscopy and GeneXpert on gastric aspirate were both negative for TB. She developed abdominal distension and a spontaneous fistula at the umbilicus (photo), discharging milky fluid that was thought to be digested nutritional milk. Anti-tuberculosis treatment was started based on strong clinical suspicion of extra-pulmonary TB (EPTB). Within 2 weeks she improved clinically and nutritionally, the fistula spontaneously closed eliminating the need for surgery, and she could be discharged.



Discussion: This case highlights the difficulties of diagnosing EPTB in children with SAM. Diagnosis relies heavily on clinical suspicion and epidemiological information. Negative sputum microscopy and GeneXpert gastric aspirate analysis do not rule out TB. Early initiation of treatment is the most important factor affecting mortality, thus empirically starting treatment should be considered. Spontaneous enterocutaneous fistulas caused by TB are rare, and there is limited literature describing their presentation or treatment. In our case, an empiric conservative treatment approach was very successful and even eliminated the need for surgery.

This study is: Other, please explain:

Details: Informed consent by parents of the patient. Exempt from ERB review, approved by health advisor.

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2. I confirm that the abstract constitutes consent to publication: Yes

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