

Tuberculous pericardial effusion in pediatric patients in asymptomatic post covid

Dr Mily Ray Pediatric Cardiologist Max Superspeciality Hospital Patparganj Delhi

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This retrospective descriptive study includes children <18 years old (pediatrics admission criteria) diagnosed with either confirmed or probable TB-PE at a tertiary referral hospital in east Delhi and surrounding NCR between June 2020 and July 2021

The study children were referred to pediatric cardiologist for cardiomegaly and chest pain in OPD or for fever, tachycardia and cardiac enlargement on X Ray in IPD

Ten children with TB-PE were included in this study;
05 (50%) were male & 05 (50%) were female
the median age was 13 years and interquartile range 3-17 years

Patient Profile

- Of these children, 3 had symptoms suggestive of TB-PE (chest pain, difficulty breathing, jugular vein distention, and/or muffled heart sounds). 1 on presentation features of constrictive pericarditis and had heart failure, 1 had an isolated PE, and 2 had TB-PE associated with pulmonary TB (lung collapse).
- , Year).

In children, up to 25% of cases of tuberculosis (TB) are of extrapulmonary TB (EPTB) [1]. Tuberculous pericardial effusion (TB-PE), a rare manifestation of EPTB, is the most common cause of pericardial effusion in high-TB-burden settings

COVID 19

All the children had RT PCR for covid 19 negative and did not give history of such either, except in one girl, whose family members had covid and she also had some symptoms but nothing major. But covid antibody was positive for nearly all

All children received susceptibility-appropriate antituberculosis treatment. duration 9 months and some are still ongoing. Steroids was started in all the children (4-6 weeks) 1 (10%) children were treated for cardiac failure with diuretics and eventually pericardiectomy 4 (40%) children with large PEs had 2 therapeutic pericardiocentesis, rest were all treated medically

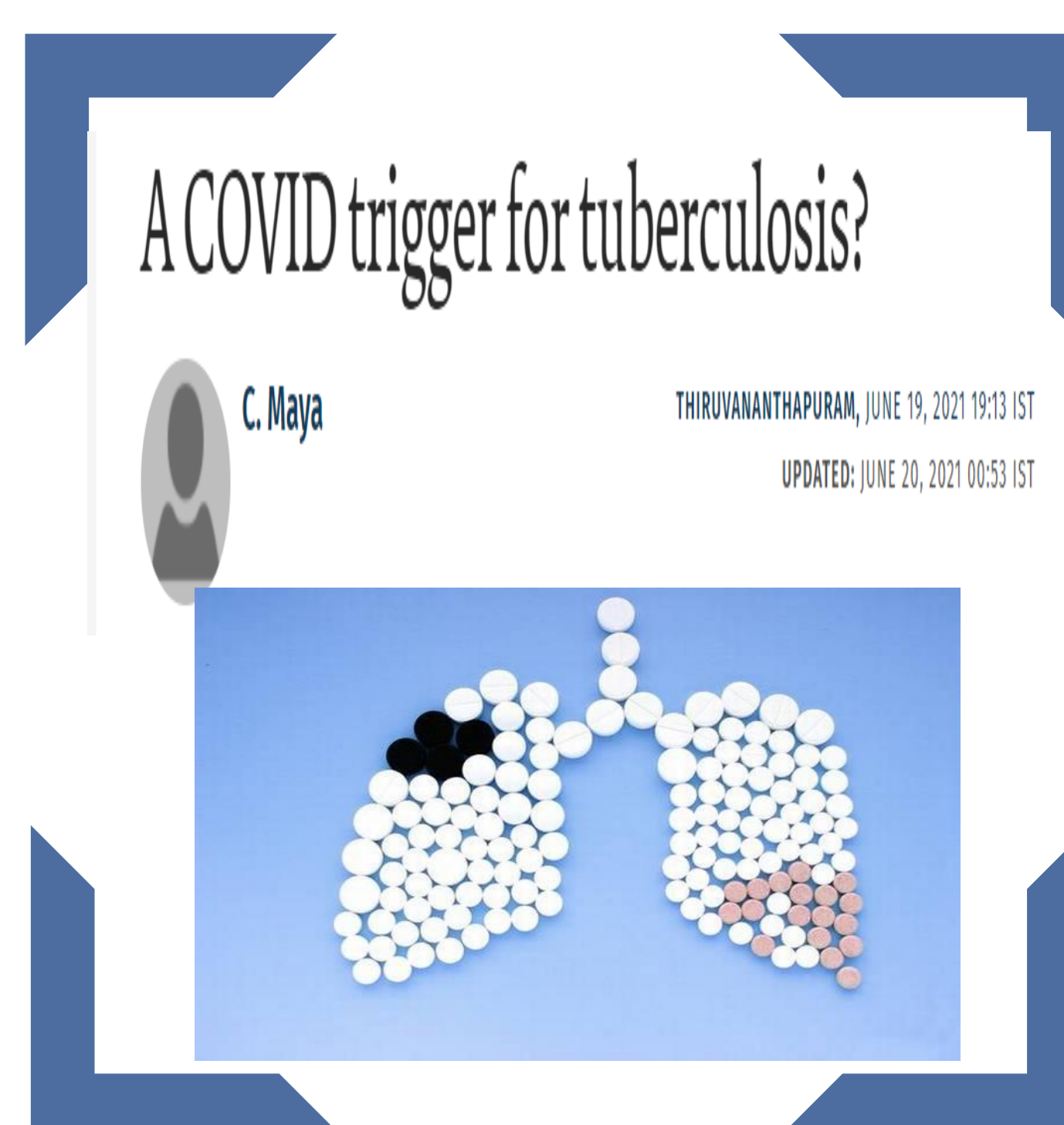
The dual morbidity of TB and COVID-19 can be further highlighted through the facts that both the diseases are known to be infectious and primarily attack the lungs, presenting similar symptoms of cough, fever and difficulty in breathing, although TB has a longer incubation period and a slower onset of disease

Confirmed TB-PE was diagnosed by echocardiography & CT

a positive culture result for Mycobacterium tuberculosis from any site.

Probable TB-PE was defined as culture negative or unavailable for M tuberculosis. PE diagnosed as described above

a clinical TB diagnosis based on chronic symptoms or signs of TB, contact with an infectious TB source case, a positive tuberculin skin test result..



CONCLUSION

Not everyone exposed to the bacteria, *Mycobacterium tuberculosis*, gets infected immediately. While the infection manifests as active TB disease in some, in a few others, the bacteria can live long in the body without ever causing active disease, a condition known as latent TB. Latent TB can get activated into active TB when the body's immune system is weak

In a statement, the Ministry of Health and Family Welfare (MoHFW) said that there have been some media reports alleging that a sudden rise in cases of TB has been noticed among patients who were infected with COVID-19 recently.



Bi-directional TB-COVID screening: COVID screening for all diagnosed TB patients and TB screening for all COVID positive patients should be conducted.

Acknowledgements

- 1 BusinessToday .in July 2021
2. The potential impact of the COVID-19 pandemic on the tuberculosis epidemic a modelling analysis
3. Kerala Chapter Tiruvananthapuram