

35. MDR TB IN CHILDREN- GLOBAL AND SOCIAL MEDICAL PROBLEM

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Introduction. The World Health Organization estimates that pediatric TB accounts for 11% of all tuberculosis cases in 2020. Pediatric TB is of primary genesis, it is the result of first contact with a source of infection. Under the current pandemic of SARS Cov-2 virus, there is a risk of underdiagnosis of TB in both children and adults. In most cases, in children, *Mycobacterium tuberculosis* infection remains latent and only under certain conditions progresses to TB disease. Drug-resistant TB is even worse from the risk of developing primary-resistant forms of TB in children in the event of contact with a source of resistant TB infection.

Case presentation. We present the case of a 11-years old patient admitted to Municipal Clinical Hospital of Phthisiopneumology in Chisinau in February 2020 with complaints of fatigue, asthenia, decreased appetite and rare dry cough. History of the disease: The patient has the status of contact with the patient with TB MDR with Gxpert - positive, Rif-resistant (father), permanent family contact for 6 months. General condition of medium severity. Pale pink skin, herpes blisters on the back of the rib 5-6. Paraclinical examination: Bronchial lavage examination: microscopic BAAR -positive; BACTEC liquid culture and classic solid culture Levenstein Yensen -MBT positive with resistance to Rifampicin and Isoniazid. Computed tomography: Nodular opacity in both lungs, presence of bilateral mediastinal and axillary lymph nodes, suspicion of specific process. IDR Mantoux with 2UT-positive. CBC: Leukocytosis with lymphocytopenia, ESR-25mm/h- slightly accelerated. On EEC examination- bioelectrical changes of the brain with irritating character. Dysfunction of diencephalic structures. Clinical diagnosis: TB of intrathoracic lymph nodes, evolutive phase with bronchogenic dissemination, BAAR - positive, MDR. Periodic seizures. Atopic dermatitis. Treatment- line II antituberculosis drugs, individual scheme, based on the presence of comorbidities. At 5 months of treatment positive dynamics, amelioration of intoxication and radiological syndrome (resorption of infiltrative elements). Microbiological-negative BAAR at 2 months of treatment; bacteriological - MBT negative after three months of treatment.

Discussion. The susceptibility of *Mycobacterium tuberculosis* corresponds to that of the source of contact - in this case MDR TB with primary resistance is established.

Conclusion: The reported clinical case confirms that TB in children is the result of contact with an adult with TB. The clinical form of TB that has been diagnosed confirms that children are more likely to develop intrathoracic lymph node TB, the extrapulmonary form of TB. TB in children has a favourable evolution and prognosis.