



Multifocal tuberculosis in immunocompetent children

KEYWORDS: tuberculosis ■ children ■ immunocompetent

The 12 year old patient, presented a solid lesion against the scapula gradually increasing in size with gummy evolution, evolving for 2 years. She underwent a bone biopsy revealing large foci of caseous necrosis without granulomatous lesions. The symptomatology was enriched by the appearance of new lesions in the elbow, ankle and the cheek, she benefited from a cutaneous biopsy revealing granulomatous dermatitis without caseous necrosis. The assessment revealed the presence of multiple adenopathies of infectious appearance (FIGURES 1 AND 2).

The patient was put on anti bacillary treatment and the evolution was favorable. Multifocal tuberculosis

is defined as the involvement of at least two extrapulmonary sites with or without pulmonary involvement. It is characterized by its frequency of occurrence in immunocompromised individuals. No European pediatric series of multifocal tuberculosis is found in the literature, suggesting a rarity of this form in industrialized countries [1].

The diagnosis of multifocal tuberculosis must be early, because it is a serious form of tuberculosis with a mortality of up to 16 to 25% and a risk of functional sequelae not insignificant [2]. Our case illustrates both the diagnostic difficulties of multifocal tuberculosis in children and the serious consequences of delayed diagnosis.

**Kaoutar Laamari*¹,
Fatima Zahra Mernissi¹,
Abdelhafid El Marfi² &
Abdelmajid El Mrini²**

¹Department of Dermatology,
University Hospital Hassan II Fez,
Morocco

²Department of Traumatology
Orthopedy B4, University Hospital
Hassan II Fez, Morocco

*Author for correspondence
kaoutar.laamari1@gmail.com



Figure 1. Multiple scars with depressed center sitting at the level of the back with Erythematous well-limited plaque sitting at the level of the cheek.



Figure 2. Control 2 years later-presence of atrophic scar in the cheek and back.

REFERENCES

1. Mukherjee A, Lodha R, Kabra SK. Changing trends in childhood tuberculosis. *Indian. J. Pediatr.* 78: 328-333, (2011).
2. Zouhair K, Akhdari N, Nejjam F *et al.* Cutaneous tuberculosis in Morocco. *Int. J. Infect. Dis.* 11: 209-212, (2007).