

## RESISTANT TUBERCULOSIS IN A SPANISH PEDIATRIC HOSPITAL

**B. Larru**<sup>1</sup>, F. Baquero-Artigao<sup>1</sup>, M. Garcia-Fernandez de Villalta<sup>1</sup>, M.J. Garcia-Miguel<sup>1</sup>,  
A. Gomez-Zamora<sup>1</sup>, J. Garcia-Rodriguez<sup>2</sup>, F. del Castillo<sup>1</sup>

<sup>1</sup>*Department of Pediatric Infectious Diseases* <sup>2</sup>*Department of Microbiology, Hospital La Paz,*  
*Madrid, Spain*  
[martagfv@yahoo.es](mailto:martagfv@yahoo.es)

**Objective:** To describe the features of resistant tuberculosis in children in a pediatric reference hospital.

**Methods :** The medical records of patients under 15 years of age with culture-proven tuberculosis and a susceptibility test performed were retrospectively reviewed. Children with resistance to one or more antituberculous drugs were selected. We evaluated clinical and epidemiological features, treatment and evolution. Those strains resistant to at least isoniazid (INH) and rifampin were considered multiresistant.

**Results :** We found five children with tuberculosis caused by resistant strains. Routine susceptibility test for *M. tuberculosis* were performed only in the last 4 years (1999-2002). Of the 16 isolates in that period, we detected one INH-resistant and one multiresistant strains. Two multiresistant isolates were identified in previous years in children with first line treatment failure. One patient with a INH-resistant strain was referred from another hospital. All children were immunocompetent. Out of five, two were foreign-born (China and Rumania). The adult source case was identified in 3 cases; two of them were HIV-infected. Treatment was based in susceptibility test and included at least three drugs active against the *M. tuberculosis* isolate. All children improved after treatment. The clinical evolution was slower in patients with multiresistant isolates and one of them required a partial lobectomy.

**Conclusion:** Resistant tuberculosis should be suspected in children with poor response to first line antituberculous drugs, especially those who were born or visited countries with high prevalence of drug -resistance tuberculosis or had contact with HIV-infected adults.

