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MDR tuberculosis contact prophylaxis of a newborn

Somner A¹, Kaba O¹, Kara M¹, Hancerli Torun S¹, Bayramoglu Z¹, Soysal B¹ and Karbuz A²¹Istanbul University, Turkey²Saglik Bilimleri Universitesi, Turkey

Prevention of Tuberculosis (TB), including Multi Drug Resistant (MDR) TB is an important aspect of global TB control. Preventive chemoprophylaxis could be effective in preventing MDR-TB, particularly in children. Here in we report a challenging new born case whose mother has MDR pulmonary TB. A 19 days old newborn was brought to our pediatric infectious department for being born to a mother with MDR pulmonary TB. Her mother had been diagnosed to have pulmonary TB and given anti tuberculous medication during pregnancy, though she had left treatment after two months. She was born 2410 gr in the week of 36+3 gestation with C/S route. Her physical examination was normal. Posteroanterior chest X-ray, echocardiography, transfontanelle and abdominal ultrasonography revealed no pathology in terms of active tuberculosis. Her complete blood count and routine blood chemistry analysis were normal. Serologic evaluation of sexually transmitted diseases including HIV was negative. Fasting gastric lavage samples were sent for 3 days. At this time, her mother was resorted on treatment according to sputum culture which had yielded *Mycobacterium tuberculosis* growth with Isoniazid, Rifampicin and Ethambutol resistance. Since our patient did not have any sign of active infection, she was started on Isoniazid and Levofloxacin prophylaxis, depending on current guidelines. The patient is now 5 months old and she is being followed up monthly in our outpatient clinic. MDR preventive chemotherapy which must be tailored can be effective in the prevention of active disease.

ozgekabamd@gmail.com