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CONGENITAL TUBERCULOSIS: A CHALLENGING DIAGNOSIS

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Congenital tuberculosis though rare is of paramount importance to outline early management. Symptoms of congenital tuberculosis may be present at birth but more commonly begin by second or third week of life. The clinical presentation of tuberculosis in newborns is similar to that caused by sepsis and other congenital infections.

Regarding current situation of tuberculosis (TB), WHO estimates that one-third of the world population is infected with tuberculosis and the infection rate increases ~1% per year. The risk of TB in pregnancy has increased owing to recent change in epidemiology of disease. Congenital infection by vertical transmission is rare with only 358 cases reported till 1995 and another 18 cases reported from 2001 to 2005. Although data is limited, the prevalence of vertically transmitted TB from infected mothers to their offsprings can be as high as 16%. Congenital TB has been presumed as an infection acquired in utero, owing to the age of the infant, lack of any known contact with an active case of TB, and generalized spreading of the disease. Congenital TB can occur by hematogenous placental transmission of the organism from the mother to the fetus and also by ingestion of infected amniotic fluid or by direct contact with the organism during birth. Congenital TB continues to be an unusual diagnosis in pediatric patients. The nonspecific nature of the disease in the newborn infant and the lack of knowledge of the maternal disease prior to delivery make the diagnosis a clinical challenge both in pre and postnatal period. The disease should be suspected in neonates that present respiratory distress, fever and hepatosplenomegaly in the first 3 months of life; neonates with suspected sepsis not responding to routine antibiotic therapy where a bacterial or viral etiology has been excluded.

References

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