

use of TST when XRC shows non-specific shadows as no decision is based on TST results whether positive or negative.

CT scan is a useful diagnostic modality in children when tuberculosis is suspected and the radiographic findings are normal or inconclusive [2]. Chest CT can help to identify enlarged, calcified, necrotic mediastinal lymph nodes, which are less frequently found in community acquired bacterial pneumonia and frequently obscured by thymic shadows on chest radiographs of children [3]. It may also detect pulmonary parenchymal lesions not otherwise visualized on chest radiographs [4]. Therefore, a TST positive, sputum negative clinical suspect in such scenario may be subjected to CT scan chest as first investigation (wherever possible) before taking on other investigation for alternate diagnosis.

As tuberculin skin test is defined with the use of tuberculin 2 TU and its procurement is difficult outside government supply, it would be useful to share the manufacturer of such product.

**A GUPTA**

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#### REPLY

The author has raised the issue about dealing with children with highly suggestive radiology, who are TST negative. With certainty it is spelt out in the diagnostic algorithm that a presumptive pediatric TB case with TST negative and chest X-ray findings suggestive of TB should be diagnosed based on X-ray findings; because the TST suffers from lack of sensitivity and specificity, and there are operational issues concerned with performing the test efficiently. In view of radiation risk and issues pertaining to CT interpretation (low specificity and inter observer variability) [1,2] it is neither necessary nor appropriate to recommend CT scan as first line investigation. However, the algorithm has identified situations where an expert opinion is needed and they may ask for more detailed investigations including CT chest.

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