

Generalized BCG Tuberculosis

With reference to this report(1), we would like to opine as follows:

It is not clear why this has been labelled as generalized BCG disease. It was probably just a co-incidence that BCG was given 20 days before the first symptoms were noticed. Infact after reading the report, we got the impression that the child's symptoms were present much before BCG was given.

Here we would also like to point out that authors have given drug resistance or immunodeficiency as the cause of treatment failure. In fact they have not given any evidence of treatment failure. Development of new lymphnodes, enlarging of existent lymphnodes and caseation as seen in this case are actually immunological phenomena and are seen with good frequency in lymphnode tuberculosis. Hence, the treatment recommended is surgical in addition to anti-tubercular drugs. In such a

child, symptoms of fever and weight loss may be a true indicator of poor response.

Secondly, the authors have not given any proof of immunodeficiency, Mantoux test and immunoglobulin levels have not been reported. In fact, finding of granuloma in biopsied lymphnode is suggestive of good hypersensitivity and hence T-cell function(2).

In all it looks just an another case of disseminated tuberculosis at an early age, without any known tuberculous contact.

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REFERENCES

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2. Daniel TM. Tuberculosis. *In: Harrison's Principles of Internal Medicine*, 11 edn. Eds Braunwald E, Isselbacher KG, Petersdorf RG, Wilson JD, Margin JB, Fauci AS. New York, McGraw Hill Book Co, 1987, pp 627.

Reply

This case has been labelled as generalized BCG tuberculosis because of sequence of events after BCG vaccination

and absence of contact with an open case of tuberculosis. Infection acquired at the time of birth usually develop poor feeding, failure to thrive, anemia, and gastrointestinal and respiratory distress at 4 to 8 weeks(1). It is very clear from the report that, symptoms in this case started after