

## Cavitary Pulmonary Tuberculosis Mimicking Congenital Cystic Adenomatoid Malformation in an Infant

Cavitary lesions due to pulmonary tuberculosis are very rare in infants, although these may be found in older children and adolescents [1]. We report a six-month-old girl who presented with history of recurrent episodes of respiratory infections, failure to gain weight, rapid respiration and feeding difficulty since 3 months of age. Failure to thrive, respiratory distress, clubbing and decreased air entry in right infra mammary region with coarse crepitations were evident on clinical examination. Full Blood count revealed anemia and neutrophilic leucocytosis. Chest X-ray revealed a large cystic lesion in right middle and lower zone (**Fig. 1**). With provisional diagnosis of Congenital cystic adenomatous malformation (CCAM)/congenital lobar emphysema (CLE) with consolidation/staphylococcal pneumatocele, antibiotics and supportive treatment were initiated. On High resolution computerised tomography of thorax, CCAM/CLE were ruled out, and features of pneumatocele with endobronchial obstruction of bronchi with mucus plugs on right side were found. Bronchoscopy revealed granulation tissue in the bifurcation of right main bronchus, distal end of right middle lobe bronchus and right lower lobe bronchus. Mother had history of chronic cough and intermittent fever of 5 months duration for which she had received antibiotics and bronchodilators. Her chest X-ray revealed similar cavitary lesion in the lower zone of right lung. Acid-fast-bacilli were found in her sputum. Both infant and mother were put on anti-tuberculosis treatment, and on six month follow up child had gained 3 Kg weight. Her symptoms had disappeared with radiological clearance of lesion.



**FIG. 1** Chest X-ray showing cavitary lesion in right lower zone.

We emphasize to consider tuberculosis in any infant presenting with chronic respiratory symptoms with failure to thrive. Cavitary lesion in lung is a rare presentation of tuberculosis in infants. Contact tracing is crucial in arriving at diagnosis for early treatment and good outcome.

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## Massive Levothyroxine Ingestion

Two sisters, aged 3 and 1 years, were brought to the casualty with history of consumption of levothyroxine tablets. Their mother had hypothyroidism and was on levothyroxine. The mother found the two children playing with the levothyroxine bottle (75 mcg tablets). The exact number of tablets of levothyroxine ingested by each

sibling was uncertain, but 50 tablets were reported to be missing. The elder sibling received gastric lavage with charcoal within 1 hour of ingestion and was referred to our center for further management. Since the physical examination at the time of reporting to our hospital was unremarkable, the danger signs were explained to the parents and they were advised close follow-up. The parents reported to the casualty on day 3 of ingestion, with complaints of increased precordial activity in the elder child. Child was afebrile, but had tachycardia (heart rate