

Bacillus Calmette-Guérin (BCG) -associated Pott's Disease in an Infant

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INTRODUCTION:

Tuberculosis (TB) remains a global public threat especially in developing countries. BCG vaccine is live attenuated strain of *M. Bovis*, and is routinely administered at birth to all newborns in Malaysia to prevent tuberculosis. Although generally well tolerated, it is important to note that rare, severe and potentially fatal complications such as disseminated BCG infection may occur, even in otherwise immunocompetent individuals.

CONCLUSION:

Although a rare complication, TB spine infection secondary to disseminated BCG infection can happen even in an immunocompetent infant. Prompt diagnosis and initiation of medical therapy in BCG Pott's disease is important to reduce the risk of permanent deformities

REPORT:

An infant on Day 26 of life was admitted to hospital for left shoulder septic arthritis and infected left BCG (Bacillus Calmette-Guerin) scar. The baby was born with no known medical illness. The patient subsequently underwent a left shoulder arthrotomy washout and completed IV Cloxacillin for 6 weeks. However, a month after surgery, parents noted the baby was irritable when handling the baby. The baby experienced no fever, and the feeding was normal. Physical examination noted gibbus deformity at the back. Lower limb tone and reflexes were normal. There was spontaneous antigravity movement of bilateral lower limb. X-ray spine showed collapse of T4, T5 and T6 vertebrae and gibbus formation. MRI whole spine showed spondylodiscitis of T4, T5 and T6 with extradural collection causing spinal stenosis and impingement of T5/T6 exiting nerve roots. Patient underwent T5 transpedicular biopsy and singlet body cast application. Intraoperative culture was inconclusive. Empirically anti TB drugs was started for a year after multidisciplinary discussion among pediatrician, spine surgeon and radiologist. After 2 year-follow up, the patient was well, developed up to age, active and no gibbus deformity was observed.