

Endobronchial tuberculosis in paediatric population:

A bronchoscopy tale of 15 years



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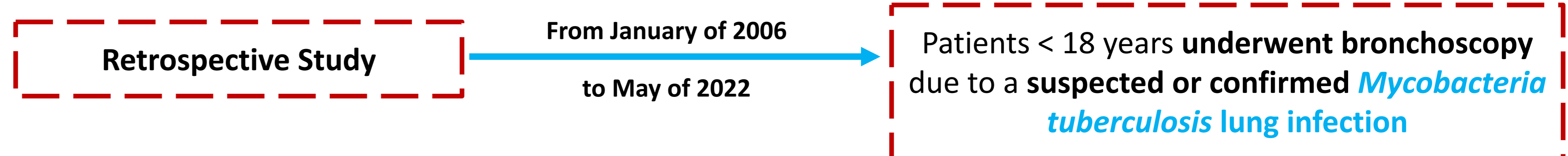
Amadora, Portugal

BACKGROUND

- Pulmonary Tuberculosis** (TB) in the paediatric population is characterized by enlarged mediastinal lymph nodes which compress or infiltrate the airways resulting in endobronchial tuberculosis (EBTB).

- There is still modest data regarding children EBTB.

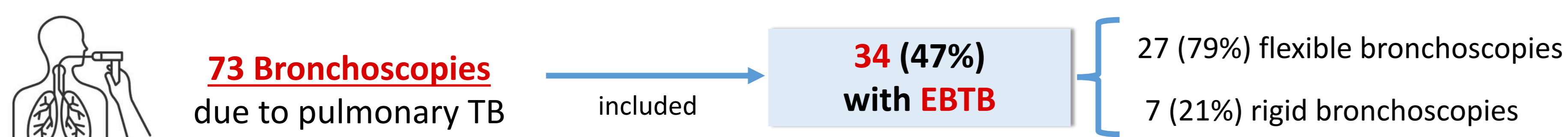
METHODS



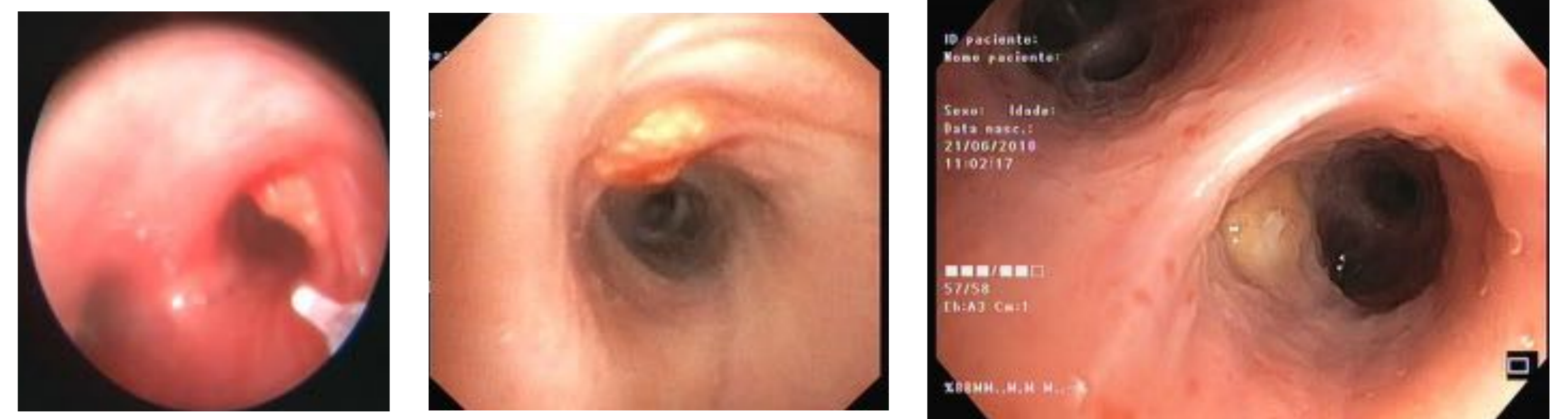
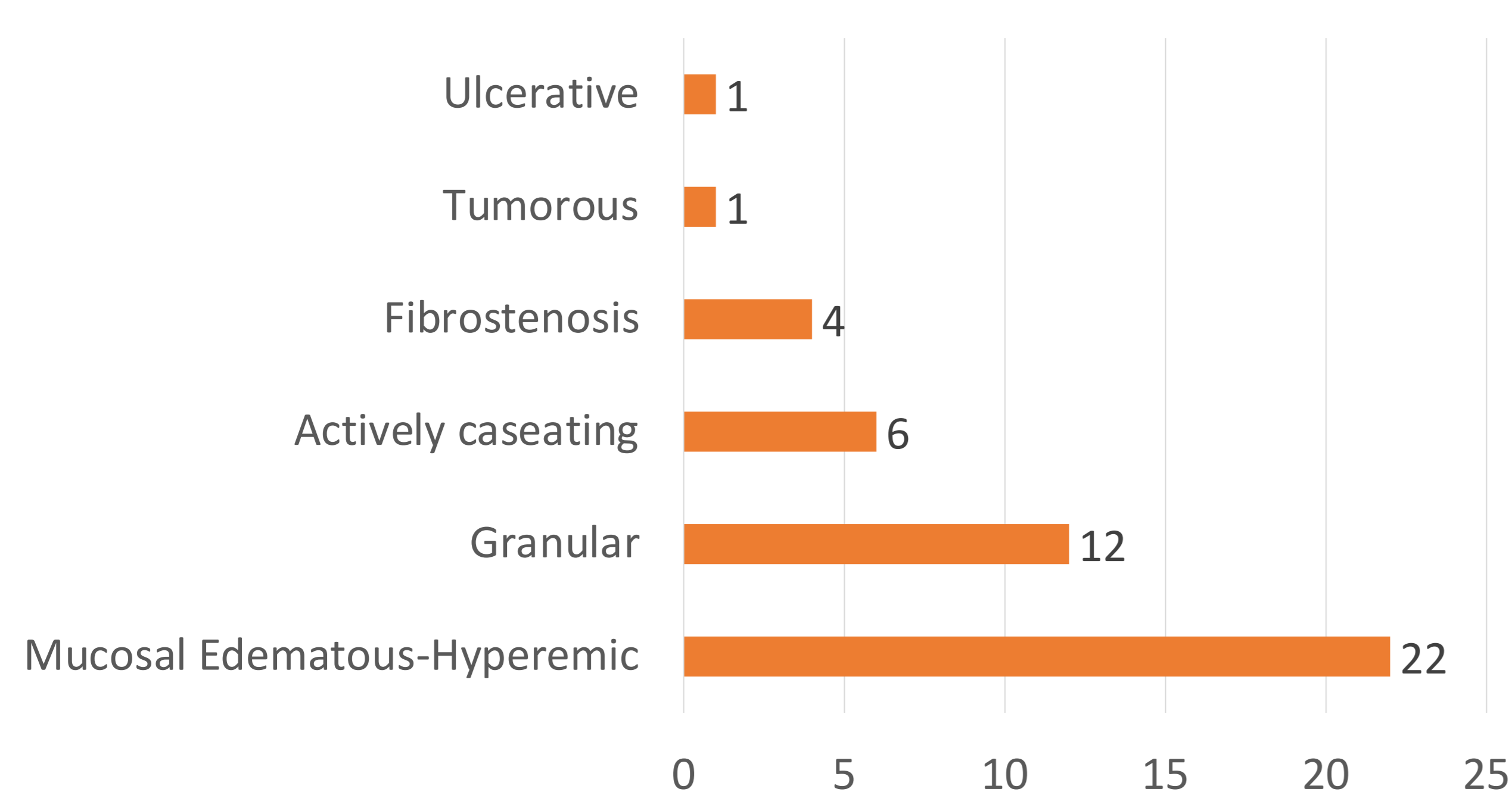
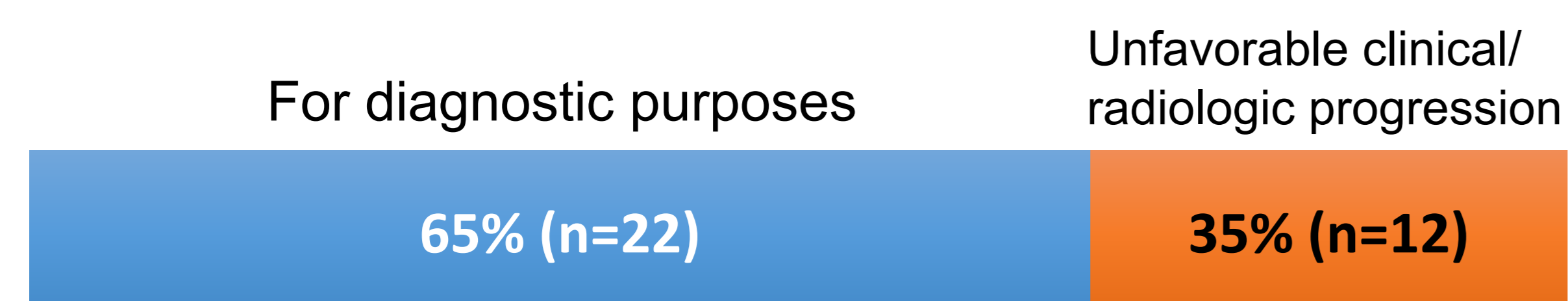
Bronchoscopy findings were classified according to **Chung et al classification** for tuberculous lesions in adults:

- Actively caseating
- Fibrostenotic
- Edematous-hyperemic
- Tumorous
- Ulcerative
- Granular
- Nonspecific bronchitis

RESULTS



Demographic data (n=34)	
Median Age (years)	7 (IQR 3.8-14.2)
Male	59% (n=20)
Tuberculosis epidemiological history	23% (n=7)
HIV patients	18% (n=6)

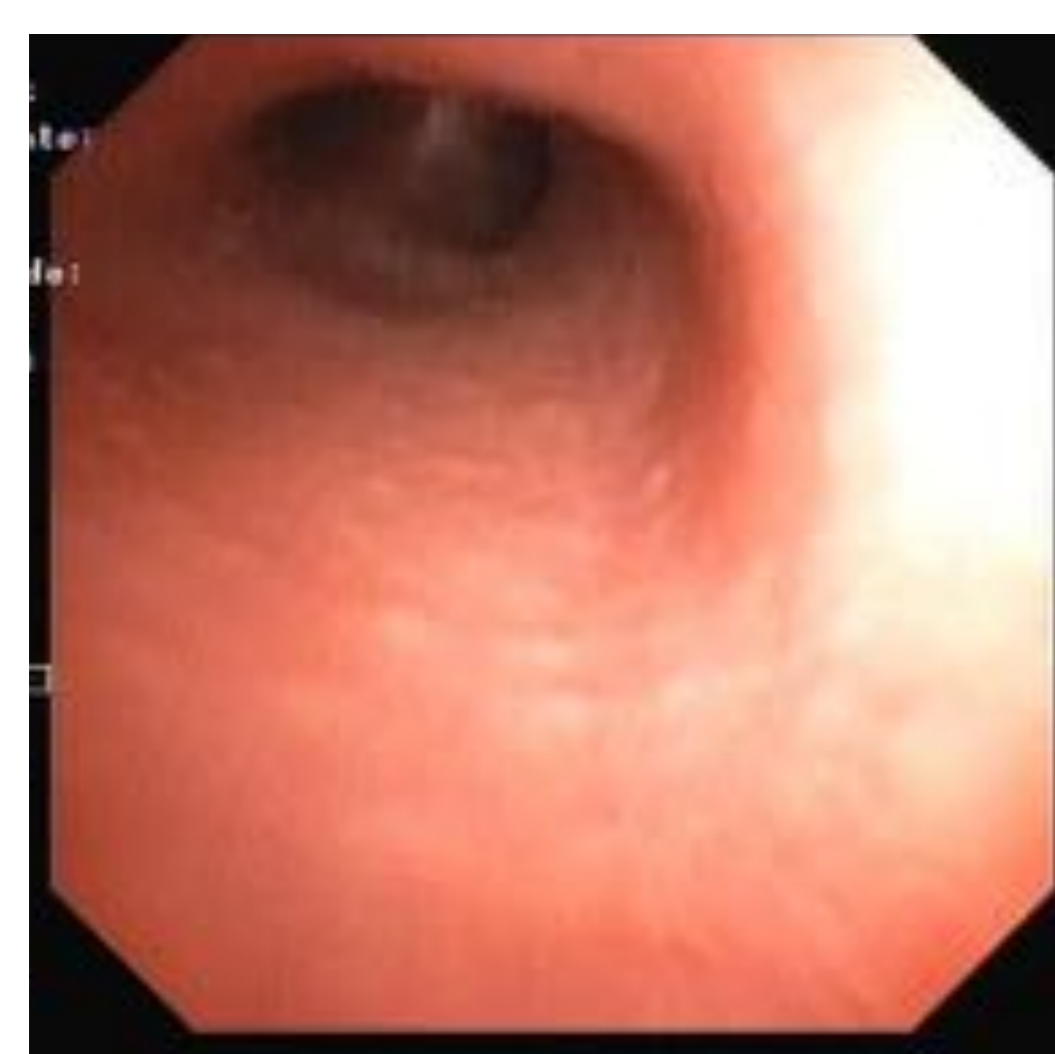


Examples of caseating granuloma.

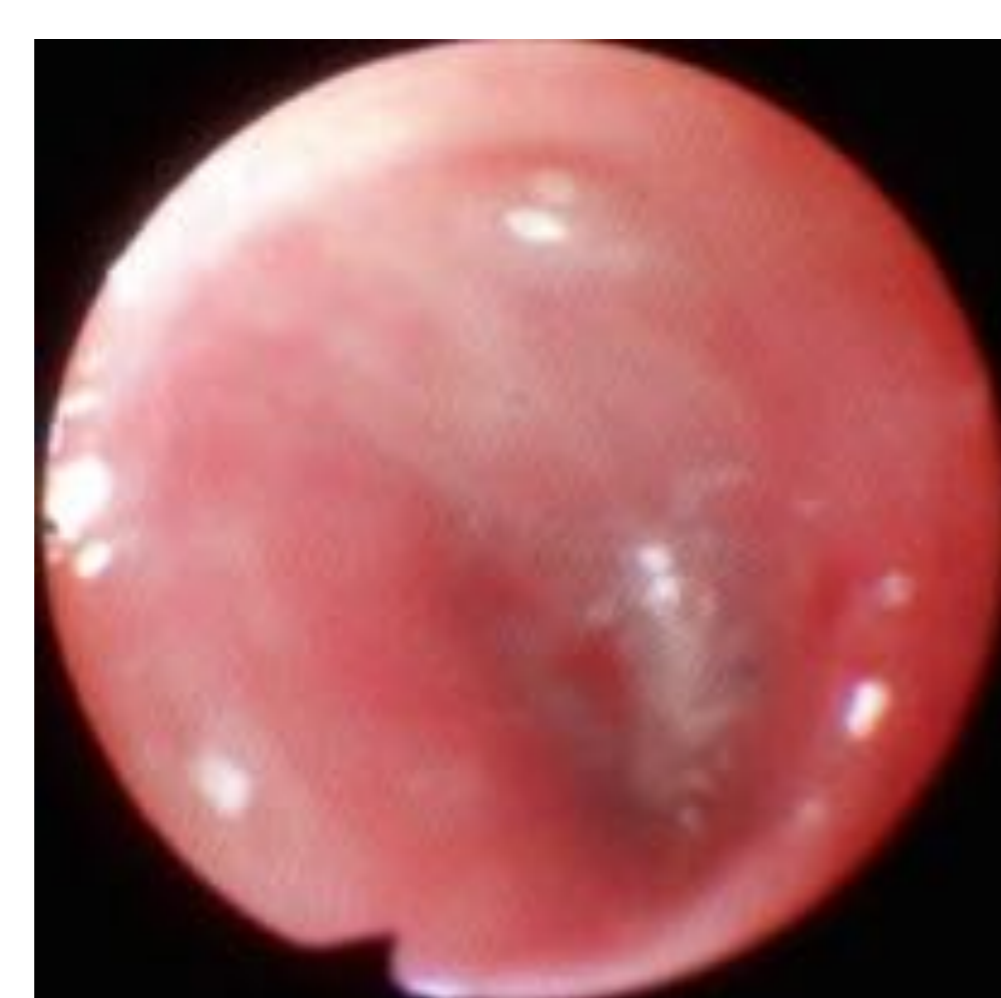


Lingula fibrostenosis.

Left main bronchus compression by a lymph node.



Granular Mucosa.



Middle lobe obstruction (tumorous).

BRONCHOSCOPIC THERAPY:

- Extrinsic compression was found in 24% (n=8) of the exams;
- 2 cases had significant bronchial stenosis and underwent **balloon dilatation with lumen restoration**;
- 6 (18%) patients had endobronchial granulomas → 3 had significant stenosis and **were removed through laser photocoagulation** followed by **balloon dilatation** with good results.

CONCLUSION

- EBTB was present in almost half of the bronchoscopies for TB investigation, being edematous-hyperemic mucosa the most common manifestation.
- Bronchial and segmental stenosis was a common complication of EBTB and effective lumen restoration was possible with balloon dilatation.
- The variability of bronchoscopic findings urges for a valid classification for the pediatric population.