

Poster presentation

A safe protocol for tuberculin test assessment in a country where BCG vaccination is mandatory

N Aktay Ayaz*, E Demirkaya, N Çobanoğlu, Y Bilginer, N Besbas, U Özcelik, A Bakkaloğlu and S Ozen

Address: Hacettepe University Medical Faculty, Ankara, Turkey

* Corresponding author

from 15th Paediatric Rheumatology European Society (PreS) Congress
London, UK. 14–17 September 2008

Published: 15 September 2008

Pediatric Rheumatology 2008, **6**(Suppl 1):P49 doi:10.1186/1546-0096-6-S1-P49

This abstract is available from: <http://www.ped-rheum.com/content/6/S1/P49>

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Background

Tumor necrosis factor antagonists are being widely used for the treatment of juvenile idiopathic arthritis (JIA). One concern during the treatment with anti-TNF agents is the risk of activating tuberculosis (Tbc).

Aim

We evaluated JIA patients who received anti-TNF treatment, from an eastern Mediterranean country with moderate tuberculosis frequency (official notification rate is 27/100 000).

Materials and methods

Thirty-seven JIA patients under anti-TNF treatment were enrolled to the study. Chest-X rays, purified protein derivative (PPD) tests, clinical histories and physical examinations were reviewed retrospectively. If PPD was above 10 mm in a patient with one BCG vaccination, family screening, cultures and if needed thorax computerized tomography were obtained and isoniazid prophylaxis was started for a period of 9 months. All were re-evaluated within 3 month intervals.

Results

Fifteen were females, 22 were males. Mean age was 14.2 ± 5.3 years. Mean follow up after initiation of etanercept was 12.7 ± 10.9 months. Seven patients had an initial PPD score above 10 mm. All received concomitant isoniazid treatment. Except one patient with a very severe course of systemic JIA under aggressive immunosuppressive ther-

apy, all had normal examinations and X-rays. This one patient had a consolidation and cavitation at his right superioposterior lung zones. He is on antituberculosis treatment now without any overt clinical features of Tbc.

Conclusion

With proper initial evaluation anti-TNF treatment is safe even in countries where Tbc is moderate frequency. A 9-month isoniazid treatment is suggested for children with a ppd of >10 mm.