

Correspondence

Nontuberculous Mycobacterial Lymphadenitis in Children

TO THE EDITOR—In the study reported by Lindeboom et al. [1] that compared surgical excision and antibiotics as treatment for nontuberculous mycobacterial lymphadenitis in children, the former was found to be more effective. However, 28% of the children who underwent an operation had complications, including 1 child who had permanent weakness of the marginal branch of the facial nerve. Moreover, 2 other patients (4%) had recurrence or development of new lesions, which, in this series, were managed conservatively. The cosmetic results of the scars (which have enormous implications in this condition), the risk of anesthesia, and the inconvenience and costs of hospitalization should all be seriously considered when recommending a surgical procedure for children with nontuberculous mycobacterial cervicofacial lymphadenitis.

The 44% and 32% rates of cure and partial regression, respectively, at 3 months among patients allocated to receive antibiotic therapy seem to be fairly good. Nevertheless, it should be noted that the vast majority of lymph nodes were already in an advanced stage, with fluctuation and discoloration. This raises doubts regarding the true contribution of antibiotic treatment to cure, as opposed to natural resolution of this condition.

Given the aforementioned reservations, a strategy of no intervention—despite the disadvantage of a long duration to resolution—may have the significant benefit of avoiding both long-lasting surgical sequelae and the inconvenience of adverse reactions to antibiotics [2]. Additional studies that include the long-term results of the evaluated strategies are therefore needed to compare a conservative ap-

proach with currently accepted surgical treatment and with antibiotic treatment of nontuberculous mycobacterial cervicofacial lymphadenitis in children.

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References

1. Lindeboom JA, Kuijper EJ, Bruijnesteijen van Coppenraet ES, Lindeboom R, Prins JM. Surgical excision versus antibiotic treatment for nontuberculous mycobacterial cervicofacial lymphadenitis in children: a multicenter, randomized controlled trial. *Clin Infect Dis* 2007; 44:1057–64.
2. Zeharia A, Haimi-Cohen Y, Eidlitz-Marcus T, et al. Treatment of nontuberculous mycobacterial faciocervical lymphadenitis in children—a new approach [abstract 8.006]. *Int J Infect Dis* 2006; 10(Suppl 1):S39.

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Reply to Haimi-Cohen et al.

TO THE EDITOR—No scientific data are available to support a conservative wait-and-see policy for the treatment of nontuberculous mycobacterial cervicofacial infection in children. Proponents believe that the natural history of nontuberculous mycobacterial cervical adenitis is resolution over a 12–18-month period, even though it can take years before lymphadenitis disappears. Antagonists of conservative treatment claim that it will lead to

persistence of the enlarged lymph nodes, fistula formation [1], and a poor cosmetic result associated with fibrosis of the sinus tracts. The few reports available on the outcome of conservatively treated patients report a prolonged course of disease, with hypertrophic, unsightly scarring [2–6]. In our study [7], the long-term aesthetic outcome of (successful or unsuccessful) antibiotic therapy was not superior to that of surgical treatment (authors' unpublished data); therefore, we suspect that the outcome after conservative treatment would be even worse.

Therefore, a wait-and-see policy is not recommended for nontuberculous mycobacterial cervicofacial lymphadenitis. Such an approach may only be appropriate in advanced cases that involve perforation of the skin.

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References

1. Margileth AM, Chandra R, Altman RP. Chronic lymphadenopathy due to mycobacterial infection: clinical features, diagnosis, histopathology, and management. *Am J Dis Child* 1984; 138: 917–22.
2. Abello VB, Riley HD Jr, Rubio T. Atypical mycobacterial infections in children. *Scand J Infect Dis* 1971; 3:163–7.
3. Altman PR, Margileth AM. Cervical lymphadenopathy from atypical mycobacteria: diagnosis and surgical treatment. *J Pediatr Surg* 1975; 10:419–22.
4. Cox HJ, Brightwell AP, Riordan T. Non-tuberculous mycobacterial infections presenting as salivary gland masses in children: investigation and conservative treatment. *J Laryngol Otol* 1995; 109:525–30.