PEDIATRIC RHEUMATOLOGY

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PReS-FINAL-2265: Tuberculosis in pediatric patients who are receiving anti-TNF agents

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Introduction

Adult patients receiving anti-TNFα treatment are at increased risk for developing tuberculosis (TB). Few data have been published in the pediatric population.

Objectives

We describe the occurrence of latent tuberculosis infection (LTI) and TB in children and adolescents treated with anti-TNFα agents.

Methods

Cohort observational study including pediatric patients receiving anti-TNFα agents in a tertiary-care pediatric hospital. LTI is ruled out by the implementation of anti-TNFα drugs by tuberculin skin test (TST) and, from March 2012, QuantiFERON Gold-In Tube® test (QTF). Along treatment, patients are evaluated periodically for TB using history and physical examination, but TST/QTF are not systematically repeated.

Results

The final cohort consisted of 261 anti-TNFα treatments in 221 patients (56.1% female), of whom 51.7%/31. %/17.2% treated with etanercept/adalimumab/infliximab, respectively, for a variety of rheumatic diseases (75.6%), inflammatory bowel disease (20.8%) and inflammatory eye diseases (3.6%). The mean(SD) age at diagnosis of the primary condition was 7.2(4.6) years and the duration of the disease before implementing the anti-TNFα agent was 3.0(3.3) years. The total follow-up time under anti-TNFα treatment was 614 patients-year; mean(SD) time per patient: 2.8(2.2) years.

LTI was diagnosed in 3 adolescent girls (prevalence rate: 1.4%; 95%CI: 0-2.9) affected with juvenile idiopathic arthritis, who received isoniazid chemoprophylaxis and were later treated with anti-TNFα, without incidences. QTF tested positive in all three patients, while TST was positive in only one of them. No incident cases of TB were observed.

Conclusion

In our study, the prevalence of LTI (1.4%) was similar to that reported in population screening studies in Spain and no incident cases of TB were observed.

Disclosure of interest

None declared.

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