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Photographs:  
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## Child with neck masses in Maswa

Paediatric HIV/AIDS Mentoring Refresher Training

## Background



**UCSF/ASPIRE program**

- Countries: Tanzania, Kenya, Côte d'Ivoire, Zambia, Zimbabwe, Kenya, South Africa
- Phase 1: Training of doctors & nurses to prescribe cART
- Phase 2: Training of Trainers and Mentors


## Objectives

- Identify mentoring opportunities
- Consolidate clinical knowledge:
  - clinical staging
  - monitoring growth & development
  - case-finding
  - diagnosing & treating OIs
  - counselling issues
- Answer questions

## Acknowledgements


**Primary sources:**

- M.M. and parents
- Musa Sahani, MD (EGPAF Tanzania)
- Staff at Maswa District Hospital CTC
- Stephen Williams, Peer Educator



**Peer Review:**

- Werner Schimana, MD (EGPAF Tanzania)
- Daniel Włodarczyk, MD (UCSF)
- Dan Vostrejs, MD (UCSF)





**Date:** 10 March, 2010  
Clinic: Maswa District Hospital

**Patient:** M. M.,  
an 11 month-old boy  
(DOB: 11 April, 2009)

**CC:** neck abscesses, cough, and  
intermittent fevers x 2 months

**History:** the abscess in the left  
submandibular lymph node  
formed a head and drained pus  
approximately 8 weeks ago.  
The wound is healing well and  
the swelling has disappeared.

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#### Hx (continued)

Around the same time that the  
first abscess drained, another  
abscess formed in the right  
sub-mandibular lymph node.  
Approximately 6 weeks ago it  
too drained pus and then  
formed an eschar. Swelling  
resolved.

The parents report that the  
boy is eating well and does not  
seem to have trouble  
swallowing.

He is able to sit without  
support and was starting to  
crawl and attempt to stand,  
but stopped when the first  
symptoms developed 2 months  
ago.  
(Loss of paediatric milestones).

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#### History (continued)

His cough was initially dry, but  
has been wet-sounding for the  
last 5 days. The boy developed  
a third abscess about 5 days  
ago on the mid-anterior neck.

#### Physical Examination:

The neck-mass is fluctuant and  
rubbery in texture.

The oral mucosa are normal.

His lungs are clear on  
auscultation.

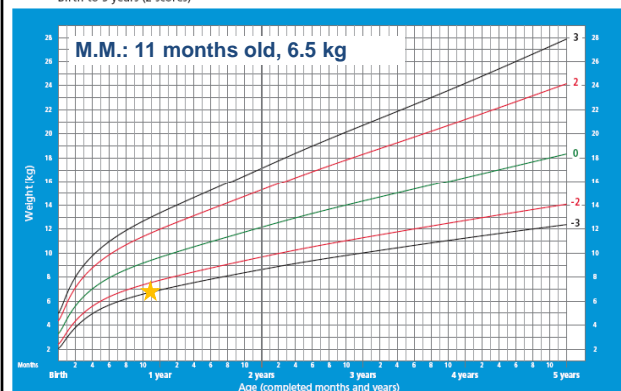
His weight today is 6.5kg.

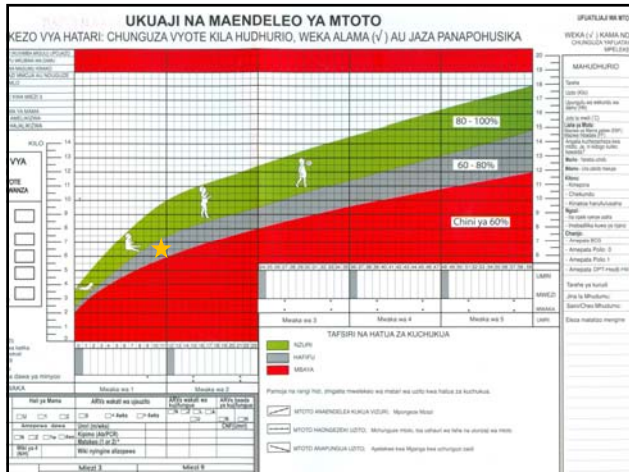
Is this *moderate* or *severe*  
malnutrition?

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### Weight-for-age BOYS

Birth to 5 years (z-scores)





## Summary & Discussion-Questions

Chronic neck swelling with drainage, fever and cough in an 11 month old with malnutrition and loss of paediatric milestones

- What do we think is causing the child's illness?
- What investigations would we like to order?
- Who should we test?
- What treatments are indicated?



Parents and child all had rapid HIV antibody tests today, and all tested positive. They were enrolled at the CTC clinic.



**Mama M.** (Mrs. M.) has 3 other children by this husband. They are 6, 8, and 11 years old and have not been tested, but the parents report they are all well.

**Baba M.** (Mr. M.) has another wife (not uncommon among Sukuma), with whom he has 3 children. He says all are now in their teens, and all are well.



## Discussion

(the sound of hooves?...)

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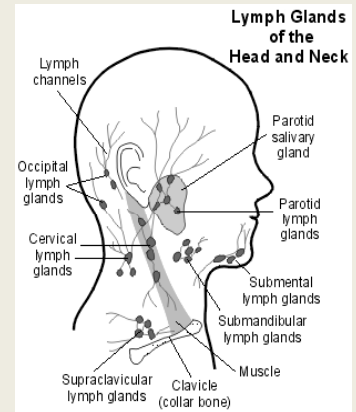
### Differential Diagnosis of Cervical Lymphadenitis with purulent drainage

most common:

- Acute Onset:
- Staphylococci
  - Streptococci
- Slow Onset:
- Tuberculosis
  - Atypical mycobacteria
  - Bartonella henselae

#### Question:

What to think of the child's anterior, midline abscess?

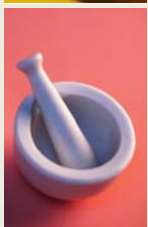


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#### Plan:

- Needle aspiration and AFB stain, Chest X-ray
  - Baseline CD4 testing, FBC, AST/ALT
  - Empiric treatment for Tuberculosis
  - Initiate Septrin prophylaxis
  - Pre-ART adherence counselling to parents
  - Initiation of ART after 2 to 8 weeks on anti-TB
- Regimen: ABC, 3TC, AZT
- Rationale: The child is <3 years old and <10kg, therefore should not be on EFV, and should not be on NVP due to drug-drug interaction with Rifampicin
- Monitor for: anaemia (AZT), IRIS to TB
- Challenges: paediatric dosing, drug interactions



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From Left to Right: Esther Masanja, Expert Patient, Steve Williams, Peer Educator/ Photographer (UCSF), Protaz Itwaza, CTC Clinician, Josephat Isaya, Expert Patient, Mother & Father of M.M. with the child, Guy Vandenberg, Consultant (UCSF).

Not shown: Musa Sahani, Program Officer (EGPAF) & Dr. Ruth Ndeki, CTC in charge.

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### 1-month update: M.M.'s status on 4/12/10



- On anti-TB for one month and tolerating it well
- FDC for TB makes dosing easy (in half tablet steps)
- Abscesses subsided, pt gained ½ kg (6.5kg to 7kg)
- Started ART 3 weeks ago, but preferred regimen was not available because Abacavir syrup had expired
- Instead gets: AZT, 3TC, and **NVP** (dose: 200mg/m<sup>2</sup> BSA)

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**2-month update:** M.M.'s status on 18 May 2010.  
On anti-TB for 2 months & on ART for 6 weeks. Weight: 8kg.

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**2-month update:** Baba M. started on anti-TB meds,  
Mama M. on ART, and both on Septrin prophylaxis.

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## Summary & Questions

- Diagnosis & management of neck masses in children
- Growth monitoring
- Development screening
- TB and HIV screening
- Case finding
- Considerations of HIV and TB treatment
- Mentoring process skills

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Asanteni Sana!

Na "Mentoring" Njema...

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