elevated (63mg/dL and 102mm/hr respectively). Since he had a chronic cough for 6 months his sputum for AFB staining was checked which positive leading to commencement of anti TB treatment.

Conclusion: Unilateral primary pulmonary hypoplasia is extremely rare in adulthood. Adults with asymptomatic single sided primary hypoplasia of the lung have a longer survival rate as the contralateral lung parenchyma is enlarged occupying the affected hemithorax as a compensatory mechanism. This is more favorable in cases of left lung hypoplasia as larger right lung enlarges to compensate. These patients are more prone to develop Pneumothorax and pulmonary hypertension which can be fatal. Although different infections are described, pulmonary TB is not described in association with pulmonary hypoplasia making this case extraordinary.

P6-49 | Association of interleukins genes polymorphisms with MDR TB in Kharkiv Region, Ukraine

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Aim: This study was to assess the association of IL-2, IL-4, IL-10 gene polymorphisms with multi-drug resistant tuberculosis (MDR TB) in Kharkiv region, Ukraine.

Material and Methods: We observed 140 patients suffering from infiltrative pulmonary tuberculosis (PT) and 30 apparently healthy subjects. The patients were assigned to two groups whether they suffer or do not suffer from pulmonary MDR TB. Interleukin gene (IL) polymorphisms, particularly T330G polymorphism in the IL-2 gene, C589T polymorphism in the IL-4 gene and G1082A polymorphism in the IL-10 gene were studied through polymerase chain reaction. Circulating levels of IL-2, IL-4 and IL-10 in venous blood were estimated using ELISA.

Results: Prior to treatment, patients with PT showed significant increase of IL-2 levels and decrease of IL-4 and IL-10 levels compared to apparently healthy subjects. Circulating IL-4 and IL-10 levels were significantly decreased whilst serum IL-2 level was significantly increased in patients with MDR TB compared to non-MDR TB. Low IL-4 and IL-10 secretion and considerable IL-2 alterations were shown to be significantly associated with mutations of homozygous and heterozygous genotypes affecting C589T polymorphism in the IL-4 gene, G1082A polymorphism in the IL-10 gene and T330G polymorphism in the IL-2 gene in patients with PT.

Conclusions: Heterozygous genotype and mutations homozygous genotypes gene in polymorphisms determining specified cytokines’ production is a PT risk factor and may lead to disease progression into chronic phase. Heterozygous genotype of aforementioned cytokine genetic polymorphisms was significantly the most frequent in patients with MDR TB.

P6-50 | Primary multidrug-resistant tuberculosis in coronavirus disease 2019

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Background: Since the Coronavirus Disease 2019 (COVID-19) pandemic, the focus of health services has shifted to handling COVID-19, but other cases such as Tuberculosis (TB), which is endemic in Indonesia, still need attention. We present a case report of a COVID-19 patient with multidrug-resistant (MDR) TB co-infection.

Case: Male, 22 years-old with a history of fever, breathlessness and chronic cough. The examination found bronchovesicular breath sounds with rhonchi, a bilateral infiltrates found on chest X-ray, and a positive COVID-19 RT-PCR (Reverse Transcription Polymerase Chain Reaction) swab. The patient was being treated in isolation for COVID-19. Based on clinical findings and chest X-ray, the patient was suspected for lung TB. GeneXpert (Cepheid, Sunnydale, CA) sputum test found *Mycobacterium tuberculosis* resistant to rifampisin. After conversion of COVID-19 swab test, the patient was transferred to a TB isolation ward to start treatment for MDR TB.

Conclusion: COVID-19 is a disease that is currently a pandemic, while TB and MDR TB are still a health problem in the world. The presence of COVID-19 patients who are accompanied by TB symptoms, should be investigated for TB diagnostics immediately, so that TB treatment is not delayed and reduces the spread of TB in the community.
Keywords: co-infection, COVID-19, primary MDR TB

P6-51  |  Primary pulmonary multi-drug resistant tuberculosis on silicotic lung

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Background and Aims: Silicosis, a preventable occupational lung disease, is associated with various diseases, including Tuberculosis. That association contributes in a large extent to vary high rates of Tuberculosis in countries with poor TB and silica exposure control.

Methods: A young stone cutter of 35 years, was no prior history of anti TB treatment or contact with a case of TB, presented to our department with increased cough and shortness of breath, associated with low grade fever, anorexia and loss of weight (4 kilos), but no history of chest pain and haemoptysis. On examination, he was dyspnic, Spo2 92%, pulse-112/min, BP-110/70. Sputum for AFB and GeneXpert was done. It revealed AFB (+++) and Rif resistant was detected. CXR & CT scan also done.

Results: Laboratory examination revealed fasting blood sugar 96mg/dl, His liver and renal function were all within the normal limit. His HIV status was negative. The chest x-ray revealed multiple small nodule occupy all the zone of both lung field. Sputum for AFB (+++) and Rif resistant detected. Mycobacterium tuberculosis was cultured and identified with MGIT(Mycobacteria Growth Indicator Tube). Drug susceptibility testing showed resistant to Isoniazid and Rifampicin. Hence a diagnosis of MDR TB was made and he was put on regimen of MDR TB. After initiation of therapy the patient improved gradually.

Conclusions: By increasing the number of drug resistant tuberculosis patients around the world, appropriate diagnosis and treatment of different presentations of the diseases need a special attention. So early detection of silicotic patients, prevent further exposure and hold the development of complicated diseases.

P6-52  |  Pediatric tuberculosis presenting with chest wall abscess

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Background and Aim: Chest wall abscess is common after trauma. This report reveals interesting case of pediatric tuberculosis presenting with chest wall abscess and anterior mediastinal mass.

Case Presentation: A 17-year-old boy presented with right chest wall abscess. He had low-graded fever, pain on right upper chest for a month and productive cough off and on for a year without any history of chest trauma, hemoptysis, dyspnea, poor appetite, weight loss or index case of pulmonary tuberculosis in his family. He had been treated with antibiotic but his chest mass progressively enlarged and turned into abscess. Physical exam revealed afebrile, no tachypnea nor desaturation, right upper chest mass about 7 cm. in diameter with overlying skin swelling, erythema, warm and fluctuation. His CXR showed widening of mediastinum and loss of retrosternal clear space as figure1. Needle aspiration showed pus content. Gram stain and culture for bacteria were negative but AFB, PCR and culture for TB were positive as well as his sputum. Contact investigation of all his family members including CXR was normal. He was improved after anti-tuberculous treatment.

Discussion: Although common differential diagnosis of anterior mediastinal mass in children includes lymphoma, germ cell tumor, thyroid tumor and thymoma, mediastinal lymphadenitis from infectious etiologies such as bacterial, tuberculosis, NTM, histoplasmosis and melioidosis is also common in tropical country. Especially in case with concomitant chest wall abscess, microbiological specimen is essential for definite diagnosis and proper treatment.

Conclusion: Chest wall abscess and anterior mediastinal mass both with and without lung infiltration may be clinical presentation of pediatric tuberculosis especially in endemic area.