SUMMARY & CONCLUSION
The present study entitled "Radiological evaluation" of primary tuberculosis in Mantoux test positive children was conducted in department of Pediatrics and Radiology of M.L.B. Medical College, Jhansi. The study comprised of 120 children of 0-12 years of age. Out of 120 cases, 0-1 year 12 cases (10.0%), 1-3 years 40 cases (33.33%), 3-5 years 38 cases (31.67%), 5-10 years 28 cases (23.33%) and 10-12 years 2 cases (1.07%).

The criteria of selection of cases were as follows:

1. Positive history suggestive of primary tuberculosis.
2. Mantoux Test positivity, i.e. more than 10 mm after 72 hours.
3. Radiological evidence of primary tuberculosis in chest X-ray.

Detailed history of present illness, past illness and family history was taken from parents. Complete physical examination was performed in every case with especial emphasis to respiratory examination and lymphnode examination. In all cases mantoux test was done with 5 TU of PPD, RT 23 Tween 80 and their X-ray chest PA was done. Observations were tabulated and data analysed.
In present study prevalence of primary tuberculosis was found to higher in 1-3 years of age group (33.33%) and second highest in 3-5 years age group (31.67%).

Male dominated in this study with (64.17%) and female (35.83%). Prevalence of primary tuberculosis has higher in low socio-economic children in comparison to higher group children.

The most common radiological presentation of primary tuberculosis was hilar adenitis (73.33%) followed by lymphangitis (70.83%), mottling (54.17%), Paratracheal (41.67%), consolidation (11.67%), collapse (6.67%), pleural effusion (6.67%), cavitation (5%) and pleural thickening (33.33%).

Right side lung is more commonly involved. Right side hilar adenitis was observed in (34.17%), while left side (18.33%) and bilateral (20.83%). Paratracheal adenitis right side (21.67%), left side (10.83%), bilateral (9.17%). Lymphangitis right side (31.67%), left side (17.5%) and bilateral (21.67%), mottling right side (30.83%), left side (11.67%) and bilateral (11.67%), consolidation right side (9.33%), left side (3.33%). Collapse right side (3.33%), left side (3.33%), pleural effusion right side (3.33%), left side (3.33%). Cavitation right side
(3.33%), left side (1.67%), pleural thickening right side (1.67%), left side (1.67%).

Typical primary complex was seen in (35.83%) cases, out of which (25.83% in right lung, 6.67%) in left lung and bilateral in (11.67%) cases. Hilar lymphadenitis alone was seen in (29.17%) cases, out of which (16.67%) on right side, (4.17%) cases left side and bilateral (8.33%) cases.

Although we included only mantoux positive children but we conducted mantoux test in 188 cases having positive history of primary complex. Only 166 were turned up after 72 hours. In 166 only 132 (79.51%) were positive. Out of 132 positive mantoux test only in 120 (90.90%), we found radiological features of primary tuberculosis.

Following conclusions were made from present study:

1. Prevalence of primary tuberculosis is higher in 1-3 years of age group in comparison to other age group.

2. Children from low socio-economic status are more prone to primary tuberculosis.


4. High incidence of primary tuberculosis occur in anaemic and malnourished children.
5. The main radiological finding in primary tuberculosis is hilar adenitis followed by lymphangitis and mottling.

6. Right side involvement is higher in comparison to left side, and as far as zone is concern upper zone is more involved.

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