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The natural course of a localized BCG vaccine abscess

Tobias Brummaier [a,b,c,d,*], Saw Poe Yen Yen [a], Daydaypoe Keereecharoen [a], Rose McGready [a,d], Michele Vincenti-Delmas [a]

[a] Shoklo Malaria Research Unit, Mahidol–Oxford Tropical Medicine Research Unit, Faculty of Tropical Medicine, Mahidol University, Mae Sot, Thailand
[b] Department of Medicine, Swiss Tropical and Public Health Institute, Basel, Switzerland
[c] Faculty of Medicine, University of Basel, Basel, Switzerland
[d] Centre for Tropical Medicine and Global Health, Nuffield Department of Medicine, University of Oxford, Old Road Campus, Oxford, United Kingdom

Fig. 1. (a) Initial presentation. (b) 1 week after initial presentation. (c) 4 weeks after initial presentation. (d) 10 weeks after initial presentation.

A mother presented her 1-month old term infant with a slowly progressive subcutaneous 1.2 by 1.2 cm swelling on the left upper arm (Fig. 1a). On the same site, 0.1 mL Bacille Calmette-Guérin (BCG) vaccine had been provided intradermally on the day of birth. Manufactured by Queen Saovabha Memorial Institute, Thai Red Cross Society, Bangkok, Thailand (Lot No. FB00817), 1 mL contains about 2 million viable bacteria of the live attenuated *Mycobacterium bovis* Tokyo 172 strain. No systemic symptoms were reported and on examination, no lymphadenitis was present. A wait-and-see treatment approach was adopted, the infant was discharged home, and a local health care worker documented the spontaneous resolution of the lesion and the natural course of healing (Fig. 1b–d).

BCG vaccines have been used for nearly a century, are considered safe and remain recommended by a majority of countries [1]. Approximately 1–10% experience adverse reactions, of which most are localised (i.e. abscess, lymphadenitis); systemic adverse reactions (e.g. osteomyelitis, BCG disease) are rarely observed [2]. Adapting a conservative wait and see approach for localized BCG injection site reactions as well as non-suppurative lymphadenitis, leads to a self-limiting, spontaneous resolution of symptoms in the majority of cases.

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* Corresponding author.

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