

Information for parents/guardians

Non-tuberculous Mycobacterial Cervical Lymphadenitis (NTMCL)

What causes NTMCL?

Non-tuberculous mycobacterium (NTM) infections are caused by bacteria that are found in the environment, most commonly in water, soil, plants and animals. Although they are part of the same family of bacteria as *Mycobacterium tuberculosis* that causes tuberculosis (TB) they behave differently and don't usually make people feel unwell.

NTM infections are not contagious and can't be passed from person to person.

What is NTMCL?

In NTMCL the bacteria get into the body usually through the mouth and infect the lymph nodes ('glands') in the neck. This generally occurs in otherwise well children under the age of 12 (commonly 1-5 years).

What are the symptoms?

The presentation of NTMCL and the course of the infection tends to follow a predictable pattern.

- Swollen, painless glands in one side of the neck, usually in front of the ear or under the chin, that slowly enlarge and are not helped with antibiotics. The child is usually well in themselves without any fever.
- Skin overlying the swollen gland(s) starts to turn dark red after several weeks.
- Swelling goes from firm to very soft due to breakdown of the lymph nodes and the skin over the swelling becomes thin.
- Skin may or may not break down and the swelling starts to drain (fistulate).
- Swelling dries up and starts to heal.
- Scar remains from infection site



What tests are needed to confirm it is NTMCL?

In most cases the diagnosis of NTMCL is made by seeing the child in the clinic, asking questions and examining them with no additional tests required.

If there is some uncertainty about the cause of the swelling then your ENT doctor may advise blood tests, imaging of the area (usually an ultrasound) and sometimes for a sample to be taken from the swollen gland(s) to try and culture (grow) the bacteria or test for other causes.

What is the treatment?

There is no single agreed treatment for NTMCL. This is due to several reasons. It is not a common infection, so it is hard to do research studies comparing different treatment types on large groups of patients to draw a conclusion. Also, whilst the infection usually follows a predictable course, not all cases are exactly the same and different factors need to be taken into consideration in each case (e.g. where in the neck the infection is, if the skin has broken down, what are the risks from each treatment type).

The main treatment options are:

- Observation
- Surgery
- Antibiotics

Your ENT surgeon will speak to you about the benefits and risks of each and what they think is the best option for your child.

Why did my child get it?

It is not known why some children get NTMCL and others don't. It most commonly occurs in children without any other medical problems but can also be associated with other conditions. Your doctor will check for this when they see your child.

Is it dangerous?

In most cases, your child will remain well in themselves and able to carry on with most of their usual activities (swimming should be avoided if the skin has broken down or following surgery) and go to nursery or school or as normal.

How long will it last for?

This is very hard to predict. It can depend on the severity of the infection and the treatment your child has. It can take up to two years to fully settle down.

What if I am worried about my child after my appointment?

Your ENT doctor will follow up your child until the infection has fully settled. They will provide contact details if you have any concerns. It can sometimes be useful to bring or e-mail photographs of your child's neck swelling to your ENT team if you are worried.