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In Reply

We thank the authors for adding their perspective to our abbreviated summation of the evidence supporting conservative, medical, and surgical management of non-tuberculous mycobacterial (NTM) cervicofacial lymphadenitis in children.1,2 We agree with their conclusions, similar to our own, that treatment decisions should be individualized and that complete excision of infected nodes offers the highest cure rate, albeit at the expense of risking marginal mandibular nerve branch injury.

Observation with or without antibiotic therapy is indeed an option for families willing to endure a prolonged treatment course for NTM.3–10 We find it interesting, however, that not much attention is given to the risk of contributing to drug resistance when months of antibiotics are prescribed to treat a variety of atypical mycobacteria, many of which differ in their sensitivities to anti-tuberculous drugs. Antibiotics come with a cost and side-effect profile, however minimized, that may or may not be justified given their modest efficacy over observation alone. A recent retrospective series demonstrated a 27% rate of spontaneous resolution of NTM lymphadenitis following 6–10 months of observation.8 Another study of children treated with 6 months of clarithromycin reported that 34% had regression of disease without developing fistulae or requiring surgery.9 Conversely, multiple case series as well as two randomized controlled trials suggest that when a skilled surgeon is available, lymph node excision results in rapid and complete cure of NTM lymphadenitis 95% to 98% of the time.3,5,7,10

Finally, while we value the opinion of the Zimmermann group, we respectfully refer them to the consensus statement from their peers serving on the American Academy of Pediatrics Committee on Infectious Diseases. The treatment recommendations for NTM lymphadenitis outlined in the 2018–2021 Red Book state,

For NTM lymphadenitis in otherwise healthy children, especially when the disease is caused by MAC, complete surgical excision is curative and limits scar formation...The natural history of NTM lymphadenitis without curative surgical excision is slow resolution but with a high risk of spontaneous drainage through the skin and resulting scarring, even when antimicrobial management is used.10

We echo the Zimmermann group’s assertion that surgery is one of three strategies for managing NTM lymphadenitis, and we fully agree that lymph node excision should only be undertaken as a shared decision between surgeon, infectious disease specialist, and caregiver. Clearly, such discussion must involve an honest disclosure of the potential morbidity associated with surgical intervention, which incurs at least a 2% risk of permanent marginal mandibular nerve paralysis.1–3,5,7

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