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**Title:** How do we diagnose tuberculosis in early childhood?

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**Body:** Children are a special group when considering Tuberculosis(TB)diagnosis:they can develop disease quickly after primary infection,present severe forms and there is a lack of standardized case definition and difficulties in establishing a definitive diagnosis Aims: Understand reasons to initiate TB treatment in children under 6 years old(6y) and identify risk factors associated with treatmet in the absence of laboratory criteria Methods: We reviewed TB records of patients younger than 6y reported in Northern Portugal in 2000-09.Epidemiological,clinical,radiological,microbiological and treatment information were analyzed (univariate/multivariate analysis) using SPSS19.0(p<0.05) Results: In the last 10years 132 children under 6y were diagnosed with TB,60%male.Six children had co-morbidities:five HIV-positive and one diabetic.90%were BCG vaccinated.Information about TB detection known in 130:104 had symptoms(78.8%) and 26 were screened during contact investigation(19.7%).Laboratory criteria for TB obtained in 73(56.2%):31culture-positive(23.7%).Having normal x-ray(OR4.73,CI 1.45-15.45),positive tuberculin skin test-TST(OR5.26,CI 1.92-14.29) and not having performed invasive tests-bronchoscopy/gastric fluid analysis(OR5.95, 1.89-18.67) were independently related to the decision to treat without laboratory criteria.History of TB contact,existence of symptoms and co-morbidities were not associated to that decision Conclusion: Our confirmation rate among this age group was higher than in Europe(19% in 2009).Decision to treat was neither based on laboratory criteria nor on radiological finding consistent with TB,but on a positive TST.Criteria to initiate treatment in this group must be reviewed in order to prevent losing cases and over-treatment.