Revista da Sociedade Brasileira de Medicina Tropical Journal of the Brazilian Society of Tropical Medicine

Vol.:53:e20190390: 2020 doi: 10.1590/0037-8682-0390-2019



Images in Infectious Diseases

Erythema at the bacillus Calmette-Guerin scar after influenza vaccination

Yanin Chavarri-Guerra^[1] and Enrique Soto-Perez-de-Celis^[1]

[1]. Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Mexico City, Mexico.

Over 80% of children worldwide have been administered the bacillus Calmette-Guerin (BCG) vaccine for tuberculosis, with various immunological phenomena observed in relation to BCG.

Anine-year-old Mexican boy presented with pain, swelling, and redness at the BCG scar (**Figure 1 A**) two days after an influenza vaccination (administered 3 cm from the BCG scar). The BCG scar was erythematous, indurated, and painful, while the influenza vaccination site remained unchanged. Vital signs were normal, with no signs of lymphadenopathy. The patient had a previous history of severe local reaction after BCG vaccination at 3 months of age (ulcer formation and nonsuppurative axillary lymphadenopathy). Additionally, the patient was tested positive for a tuberculin skin test at 3 years of age and received isoniazid/rifampin treatment. Erythema and induration at the BCG scar lasted 48 h, resolving without topical or systemic treatments (**Figure 1B**).

BCG-vaccine interacts with epidermal macrophages, neutrophils, and dendritic cells, generating an intense immune response (reactive oxygen species, cytokines, and chemokines) and leading to cutaneous complications and scarring¹. BCG scar inflammation has been described in patients with Kawasaki disease and other immune mediated events^{1,2}. This is caused by cross-reactions between mycobacterial and human homologue heat shock proteins (HSP), specifically between mycobacterium HSP65 and human HSP63³. Elevated interleukin-1 β (IL-1 β) and tumor necrosis factor- α (TNF- α) have been identified at the BCG scar in patients with Kawasaki disease². In this case, a mechanism involving HSP liberation after influenza vaccination could have stimulated the immune response at the BCG scar³.

ACKNOWLEDGEMENTS

The authors thank Jose María Saldaña-Chávarri for his help creating Figure 1.

Corresponding Author: Enrique Soto-Perez-de-Celis.

e-mail: enriquesotopc@yahoo.com Orcid: 0000-0002-7301-2163 Received 19 August 2019 Accepted 3 October 2019 A B

FIGURE 1: Panel A shows erythema at the site of the bacillus Calmette-Guerin (BCG) immunization scar two days after influenza vaccination. **Panel B** shows the same scar four months after vaccination with complete resolution of symptoms.

Conflict of Interest

The authors declare that there is no conflict of interest.

REFERENCES

- Rezai MS, Shahmohammadi S. Erythema at BCG Inoculation Site in Kawasaki Disease Patients. Mater Sociomed. 2014;26(4):256-60
- Yokota S, Tsubaki K, Kuriyama T, Shimizu H, Ibe M, Mitusda T, et al. Presence in Kawasaki disease of antibodies to mycobacterial heat-shock protein HSP65 and autoantibodies to epitopes of human HSP65 cognate antigen. Clin Immunol Immunopathol. 1993;67(2):163-70.
- 3. Lambert ND, Ovsyannikova IG, Pankratz VS, Jacobson RM, Poland GA. Understanding the immune response to seasonal influenza vaccination in older adults: a systems biology approach. Expert Rev Vaccines. 2012;11(8):985-94.

www.scielo.br/rsbmt I www.rsbmt.org.br

