Portugal has an incidence of tuberculosis of 18/100000 habitants, however, in urban areas and immigrant communities it is higher. Diagnosis requires a high level of suspicion.

**CASE REPORT**

♂, 15-year-old previously healthy

Born in Guinea

Living in Lisbon for two years

**STERNAL, CERVICAL and LOMBAR PAIN**

(1 month)

low grade fever, asthenia, anorexia, unquantified weight loss

Ophthalmologic and cardiological evaluation without changes

Serologies for *Leptospirosis, Bartonella, Histoplasma, Brucella, Coxiella, Leishmania* and HIV negative

IGRA-Quantiferon: negative. BK staining, culture and nucleic acid amplification tests negative on sputum

**DISCUSSION**

Differential diagnosis of mediastinal lymphadenopathy is challenging. Definite diagnosis of tuberculosis requires a positive BK staining, molecular amplification or cultural tests. However, owing to the paucibacillary nature of the specimens, the sensitivity of these tests are low. Despite useful, sensitivity of IGRA tests is not established in extrapulmonary tuberculosis. Cervical involvement is rare in Pediatrics, but surgical intervention should be considered for cases showing progressive deficits in spite of adequate medical treatment. The therapy should be, at least, 9-12 months in those with orthopedic hardware.