Exogenous lipoid pneumonia in two Ghanaian infants - case report
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Background
Exogenous lipoid pneumonia (ELP) is uncommon in infants. It is caused by inhalation or aspiration of oils and can lead to unresolving pneumonia. Diagnosis of ELP requires a high index of suspicion and confirmation oil ingestion. We report on two term infants, HIV unexposed, with no history of contact with persons with tuberculosis, presenting with persistent cough and history of melted shea butter ingestion.

Case
A 2-month-old infant weighing 4.6kg, presented with a three-week history of persistent cough and intermittent fever. The cough occurred in paroxysms and was not associated with feeding. Further history, mother admitted to giving the baby a teaspoon of melted shea butter orally daily to aid bowel movement since birth. Baby was tachypneic with normal saturation. Induced sputum sample was negative for Mycobacterium tuberculosis by Xpert MTB/RIF. Chest radiograph showed bilateral dense consolidations. She spent 16 days on admission, received broad spectrum intravenous antibiotics for 10 days and oral azithromycin for 14 days.

Case
A 3-month-old infant weighing 3.8kg, with an uneventful neonatal period and up to date immunizations was referred as a case of unresolving pneumonia with persistent cough, fast breathing, and intermittent fever for four weeks. Baby was tachypneic and hypoxic, SpO2 80% in room air with reduced air entry bilaterally and crepitations. Other physical examination findings were unremarkable. All initial investigations were normal. An enhanced chest computed tomography (CT) ruled out the possibility of a congenital airway malformation and suggested dense consolidation with bronchiectatic changes. She required a second admission in which shea butter ingestion was established, she gradually improved on antibiotics and was discharged.

Conclusion
Among infants with unresolving pneumonia ELP must be considered early as part of differential diagnosis.