Conclusions:
Surgical intervention of cervico-facial Non-tuberculous mycobacterium infection should be considered in selected cases, based on location of infection, amount of skin loss and risk of secondary infection. Local flap for correction of skin loss might be performed during primary surgery.

Case report:
A 3 year old female arrived to the pediatric ENT clinic due to a left cheek scrofula. Three weeks later the patient arrived to the pediatric emergency room due to a large skin lesion which appeared at the site of the scrofula. Evaluation revealed a large discharging, necrotic skin lesion with an exposed parotid tissue (Picture -1).

Ultrasound evaluation revealed two pathologic lymph nodes located in the left neck >3 cm in size. Due to the aggressive nature of the infection, the high risk of facial nerve damage and risk of secondary infection the patient underwent a left sided modified neck dissection and primary closure with a local skin flap (Picture -2). Post-operative minor complications included skin dehiscence and discharge which resolved within days (Picture-3).

Discussion:
This is a case of an aggressive cervico-facial non-tuberculous mycobacterium. Treatment options include observation, multiple antibiotic treatment regimen and/or surgery. Higher cure rates1 and superior scarring2 were reported among surgically treated patients compared to antibiotic treatment regimen only. In cases were patients are observed periodically, surgery should be considered based on location of the lesion, amount of skin loss and risk of secondary infection.

References: