We report the case of a 13 yr-old girl with an asymptomatic isoniazid-resistant tuberculosis contact. Systematic chest radiograph six month after the contact showed left upper lobe infiltrates without hilar lymphadenopathy which led to the start an antituberculous treatment. Tuberculin skin test remained negative and blood tests showed hypereosinophilia. One month after the onset of the treatment, she presented with asthenia, weight loss and cough. She was admitted to our unit with a diagnosis of drug resistant tuberculosis. Blood tests showed the persistence of hypereosinophilia. Chest radiograph and high resolution lung CT scan showed alveolar peripheral condensations on both upper lobes without significant hilar lymphadenopathy. Broncho-alveolar lavage (BAL) showed a normal total cell count with 44% eosinophils. Microbiological analyses were all negative. Chronic eosinophilic pneumonia (CEP) was evoked after eliminating differential eosinophilic lung diseases. Patient was highly responsive to high dose oral corticosteroids. Dyspnoea and cough disappeared within one week and chest CT scan showed regression of the lung infiltrates within one month. No relapse occurred during the following 9 months. Although CEP is rare in childhood, unexplained persistent cough with hypereosinophilia and alveolar consolidations should evoke the diagnosis of an eosinophilic lung disease and should lead to perform BAL, searching for eosinophilic infiltration. After eliminating differential diagnosis, CEP should be evoked and oral steroid treatment begun as soon as possible, in order to prevent persistent obstructive symptoms or severe asthma.