

Tubercular meningitis

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- Cerebrospinal fluid
- Polymerase chain reaction
- Neck stiffness

Twenty-two year old man, was admitted with a nine day history of fever, chills, sleepiness, headache and neck stiffness. Known for excessive consumption of alcohol, the patient appeared dehydrated and malnourished. He had a dental implant surgery five days before admission. On admission: temperature was 41 degrees, Glasgow coma scale 13 with marked neck stiffness. Cerebrospinal fluid was clear with an opening pressure of 38 cm and 610 white cells per cubic millimeter (65% neutrophils, 35% lymphocytes). The glucose cerebrospinal fluid/ blood ratio was 0.9/7 mmol/l, cerebrospinal fluid lactate was 8.8 mmol/l, and cerebrospinal fluid protein was 182 mg/dl. Normal chest radiography. Tuberculin skin test was negative. Serum quantiFERON TB Gold was negative. Negative for infection with human immunodeficiency virus. Mycobacterium tuberculosis complex polymerase chain reaction was obtained from cerebrospinal fluid and was positive. He started antituberculous therapy¹ and his headache and confusion improved over the course of the next few days.

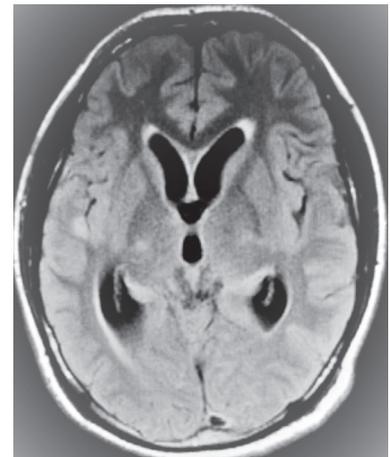


FIGURE 1. Magnetic Resonance Imaging- in the right temporal lobe and thalamus the strengthened T1+ T2 signals could be noticed, which stipulated that a sizeable part of the brain nodules encounter meningeal enhancement.

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