

Paradoxical progression of intracranial tuberculous lesions during treatment

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A teenager was admitted with fever and headache of 3 weeks' duration, and slight weakness of the right arm with no neck stiffness or Kernig's sign. CT scan of the brain showed enhancing lesions in both hemispheres with surrounding white matter oedema (Figure 1). His chest xray and CSF analysis were normal. As these lesions were suggestive, he was started on antituberculous therapy and steroids. Fever settled in 2 weeks but the neurological deficit progressed, ending up in right hemiparesis in 2 months. CT scan performed at 2 months showed enlargement of a lesion in the left deep parietal region (Figure 2. L=left). A CT-guided stereotactic biopsy from the lesion showed granulomata suggestive of tuberculosis. In a CT scan done at 5 months the lesions had completely cleared (Figure 3). He was given antituberculous therapy for one year and steroids for 6 weeks. Follow up examination showed no neurological deficits and he remains asymptomatic.

Lesson: Intracranial tuberculomas can enlarge despite therapy, usually within the first 3 months (1). This may not indicate failure of treatment. It is probably an immunologically mediated phenomenon.

Reference

1. Afghani B, Lieberman JM. Paradoxical enlargement or development of intracranial tuberculomas during therapy: case report and review. *Clinical Infectious Diseases* 1994; 19: 1092-9.

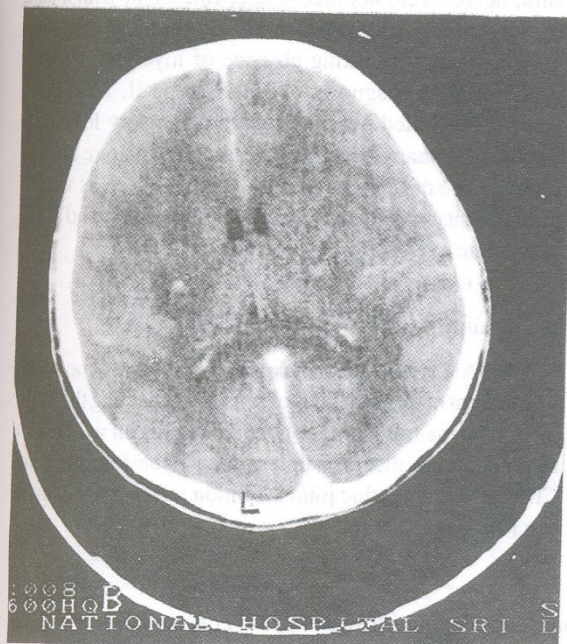


Figure 1.

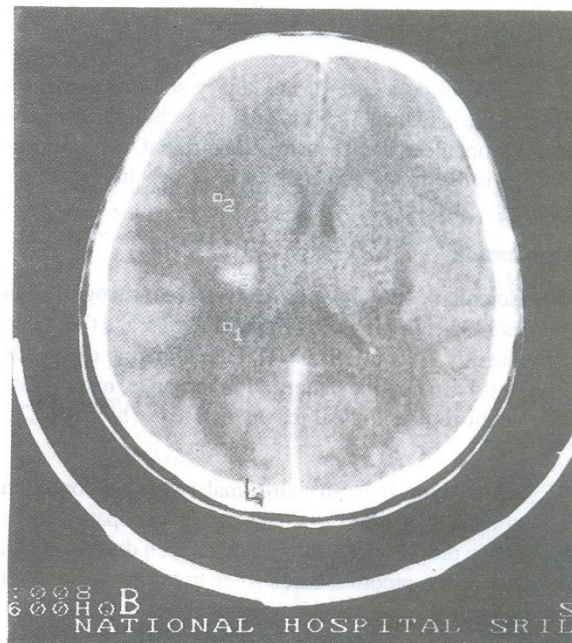


Figure 2.

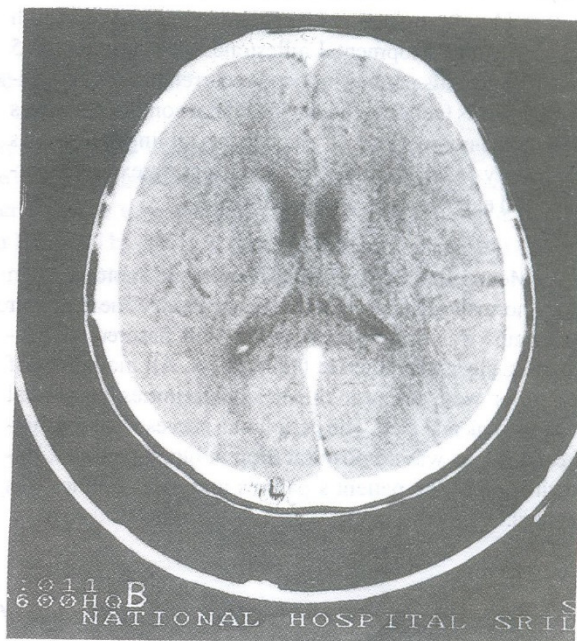


Figure 3.

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