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CASE REPORT

Intramedullary craniovertebral junction tuberculoma: An uncommon location of a common disease

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Summary Central nervous system involvement is observed in no more than 10% of patients with systemic tuberculosis. Although CNS tuberculosis is not rare in endemic countries, such as India, intramedullary tuberculosis is not commonly reported. In this study, we report a case of a 40-year-old female who presented with a six-year history of insidious onset, gradually progressive, asymmetric quadriparesis. She was diagnosed with intramedullary tuberculoma at the craniovertebral junction and showed significant clinico-radiological improvement with medical management alone. To the best of our knowledge, this report describes the first case of intramedullary tuberculoma at the craniovertebral junction to be reported. With the increased availability of MRI in developing countries, it is now possible for clinicians to diagnose this condition without performing a biopsy. It is important for the clinicians in developed countries to be highly suspicious of intramedullary tuberculoma, as there has been a resurgence of CNS tuberculosis due to the emergence of the HIV pandemic.
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Introduction

Central nervous system (CNS) involvement is observed in no more than 10% of patients with systemic tuberculosis [1]. Although CNS tuberculosis is not rare in endemic countries, such as India, intramedullary tuberculoma is not commonly reported [2,3]. It is important for clinicians to diagnose this treatable condition as early as possible so that irreversible complications can be prevented. Here, we report a case of a 40-year-old

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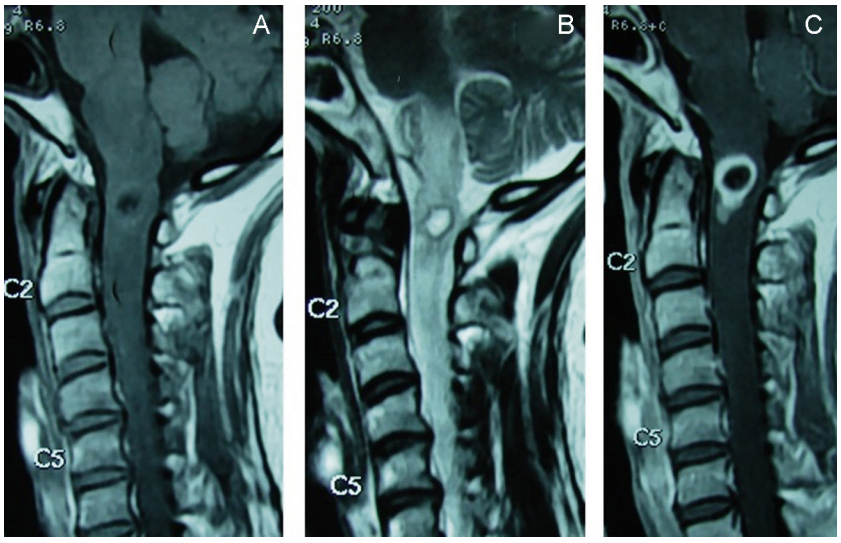

Figure 1 (A) MRI of cervical spine T1W sagittal image showing hypointense lesion with hyperintense rim at craniovertebral junction. (B) MRI of cervical spine T2W sagittal image showing hyperintense lesion with hypointense rim at craniovertebral junction. (C) MRI of cervical spine T1W+ contrast sagittal image showing thick ring enhancing lesion at craniovertebral junction.

female who presented with insidious onset, gradually progressive, asymmetric quadriparesis. She was diagnosed with intramedullary tuberculoma at the craniovertebral (CV) junction and showed significant clinico-radiological improvement with medical management alone. To the best of our knowledge, this report describes the first case of intramedullary tuberculoma at the craniovertebral junction to be reported.

Case report

A 40-year-old vegetarian female with no known chronic illnesses presented with insidious onset, gradually progressive (right more than left) quadriparesis of six years in duration followed by numbness in both upper and lower limbs for four years prior to her admission to our clinic. She had a history of significant weight loss over six months but no history of fever, cough, headache, vomiting or any swellings in the body. The patient's general physical examination was normal. Her cardiovascular, respiratory, and gastrointestinal system examinations were normal. On neurological examination, the patient was found to be conscious and well oriented with no cranial nerve deficit. A motor examination revealed spasticity in both upper and lower limbs (right more than left) with a medical research council (MRC) grade of 4−/5 in her right upper and lower limbs and a MRC grade of 4/5 in her left upper and lower limbs. She showed brisk reflexes in both upper and lower limbs and a bilateral extensor plantar response. Sensory examination revealed pan-sensory loss up to the C2 spinal level. Her neck movements were restricted and painful. Thus, a clinical diagnosis of compressive cervical myelopathy was made.

Contrast enhanced magnetic resonance imaging (MRI) of the patient's cervical spine revealed an intramedullary ring enhancing lesion at the C2 vertebral level with perilesional edema (Fig. 1A—C). A contrast enhanced MRI of her brain was also performed to rule out any intracranial lesions, and the results of the MRI were normal (Fig. 2). Blood investigations revealed a raised erythrocyte sedimentation rate (ESR) of 80 mm/h and normal liver and renal function tests. The patient's chest X-ray was normal. The enzyme-linked immunosorbant assay (ELISA) for human immunodeficiency virus

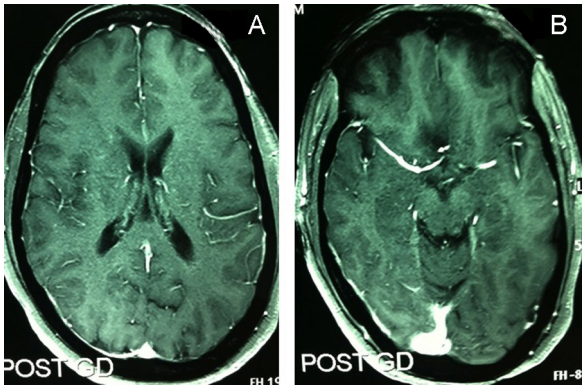

Figure 2 (A and B) T1+ contrast axial images of brain showing no intracranial tuberculoma.

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