

A 26-Year-Old Man From Mexico With Headaches, Dysuria, and a Right Scrotal Mass



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CASE PRESENTATION: A 26-year-old man with no medical history was admitted to the hospital for evaluation of his change in mental status. He was noted to be agitated at work and had difficulty walking for 2 days before being brought in to the ED by his family. According to his uncle, the patient had been complaining of a headache and pain with urination for approximately 1 week. He was born in Guerrero, Mexico (a small farm town), and moved to Los Angeles, California, in 2008.

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Physical Examination Findings

The patient's vital signs were as follows: blood pressure, 135/83 mm Hg; pulse rate, 52 beats/min; respiratory rate, 16 breaths/min; and oxygen saturation, 100% on room air. A complete neurologic assessment was performed, which revealed an inability to follow simple commands or answer questions but was otherwise normal. The patient was also noted to have an enlarged, nontender right scrotal mass.

Diagnostic Studies

A CBC count and complete metabolic panel were unremarkable except for a sodium level of 116 mmol/L. A CT scan of the chest, abdomen, and pelvis revealed a right apical tree-in-bud opacity (Fig 1), as well as multiple hypodense lesions in both kidneys, the right testicle, and the prostate (Fig 2). An MRI of the brain revealed bilateral leptomeningeal enhancement and associated hydrocephalus (Fig 3A).

Results of staining for acid-fast bacilli were positive in the urine and negative in the sputum, and results of polymerase chain reaction testing for *Mycobacterium tuberculosis* complex were positive in both urine and sputum. Gene pyrosequencing demonstrated pyrazinamide (PZA) resistance.



Figure 1 – Noncontrast CT scan of the thorax demonstrating subtle right apical tree-in-bud opacity (black arrow).

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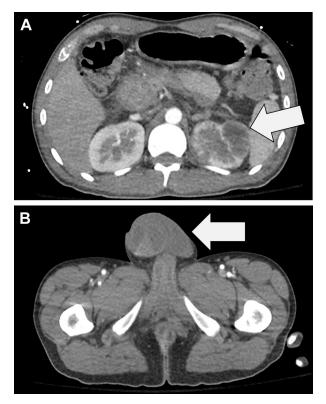


Figure 2 – Noncontrast CT scan of the abdomen and pelvis demonstrating (A) a 3×3 cm hypodense lesion in the left kidney; and (B) a 5×5 cm masslike lesion in the right testicle (white arrows).

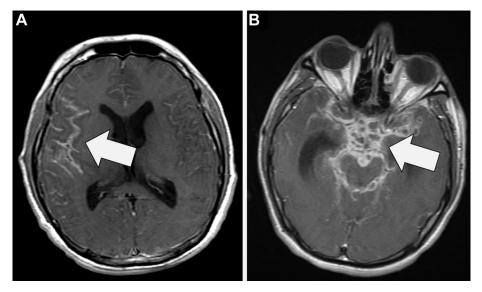


Figure 3 – T1-weighted MRI of the brain with gadolinium demonstrating (A) bilateral basilar leptomeningeal enhancement (white arrow) at the time of presentation; and (B) interval development of multiple hypodense lesions after initiation of therapy.

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