

Accepted Manuscript

Title: Intraventricular tuberculoma: an unusual presentation of brain tuberculosis

Author: Deepak Sachan

PII: S0019-5707(17)30262-7

DOI: <http://dx.doi.org/doi:10.1016/j.ijtb.2017.08.003>

Reference: IJTB 218

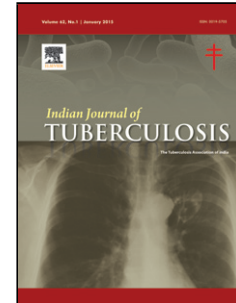
To appear in:

Received date: 29-7-2017

Accepted date: 2-8-2017

Please cite this article as: Deepak Sachan Intraventricular tuberculoma: an unusual presentation of brain tuberculosis (2017), <http://dx.doi.org/10.1016/j.ijtb.2017.08.003>.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.



Intraventricular tuberculoma : an unusual presentation of brain tuberculosis

Dear editors,

A 5 year old child presented to us with Complains of fever, headache for past 20 days and abnormal movement of right eye for last 10 days. Fever was low grade and it was associated with continuous headache. It was followed by abnormal horizontal movement of right eye. There was no history of rash, altered behavior, yellowish discoloration of eyes or urine, abnormal body movement, or bleeding from any site. History of contact with Koch was present. On examination patient was found to have features of raised intracranial tension, along with signs of meningeal irritation. Fundus was done which showed blurring of disc margins along with hyperemic disc. MRI was done which showed multiple tuberculomas of variable size scattered throughout the brain parenchyma. Apart from that well opacified granuloma was seen inside the frontal horn of lateral ventricle in sagittal section (Fig-1). The diagnosis of tuberculomas was further confirmed by spectroscopy showing elevated lipid peaks. Chest X-ray was also suggestive of miliary tuberculosis. Patient was put on Anti-tubercular(ATT) drugs under strict supervision and shunt surgery was planned in case of any deterioration.

Tuberculosis is still one of the leading causes of death among the infectious diseases. The World Health Organization (WHO) declared tuberculosis as a global emergency in 1993. In recent year's there are increased incidence of cases presenting with prolonged nonspecific symptoms like headache, generalized apathy and poor appetite which later on found to have multiple brain tuberculomas(1) . Tuberculomas constitute 33% of intracranial space-occupying lesions in patients in developing countries (2). There is no data regarding incidence of intraventricular tuberculoma as it is a rare entity and there are only few descriptions in the literature. Its diagnosis is difficult because of its non-specific clinical features and poor microbiological yield in view of its paucibacillary nature. Therefore Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) findings are useful in establishing early diagnosis. The characteristic CT features of intraventricular tuberculoma are peripheral enhancement with central

Download English Version:

<https://daneshyari.com/en/article/8745820>

Download Persian Version:

<https://daneshyari.com/article/8745820>

[Daneshyari.com](https://daneshyari.com)