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Background

Tuberculous meningitis represents a rare but serious manifestation of extra pulmonary tuberculosis, often associated with significant morbidity if not promptly diagnosed and treated.

Case Report

72 years old Male was previously in good health. Presented with a 4 day history of fever with chills and rigors, acute urinary retention with overflow incontinence and constipation, he also experienced gait instability leading to an attempted fall, along with numbness in both lower limbs. There was no weakness in the upper limb or face and he reported no back or neck pain, headache or respiratory symptoms.

Pictures (If relevant)

Investigation

1. FBC WBC: 8200, N-64%, L-25%, Plt-21700, Hb – 11.8g/dl
2. CRP – 40mg/dl (0-3)
3. ESR – 40mm/hr
4. CSF Analysis: Colour – clear, Protein – 115.8mg/dl, cell count: polymorphs – 01/mm³, Lymphocytes – 24/mm³, RBC - 6/mm³, Glucose – 6.2mmol/L, RBS – 10.6mmol/L, CSF AFB – Negative, Gene xPert – Negative, Culture – Negative, Cytology – Acellular smear
5. Mantux – Positive (16mm)
6. MRI Whole Spine with contrast – diffused Leptomeningeal enhancement Whole Spinal cord : no cord oedema or myelopathy changes identified.

Conclusions and Recommendations

This case underscore the importance of TB meningitis in patient with neurological deficits and meningeal enhancement on imaging, even in the absence of confirmatory laboratory tests.

Early empirical initiation of anti-tuberculosis therapy (ATT) guided by clinical judgment and radiological evidences can be lifesaving and may lead to rapid neurological recovery.

Remarkable improvement was noted within five days of initiation of treatment.

References

- Shailendra Katwal et al, Tuberculous meningitis with stroke: A case report of diagnostic dilemma and therapeutic triumph, Radiology Case Reports, Volume 19, Issue 5, 2024.