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Brain Tuberculoma
(A Review and Report)

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Abstract

Introduction: One of the most serious forms of meningitis is caused by Mycobacterium tuberculosis, which affects the lining of the meninges covering the brain and the spinal cord and is usually associated with high mortality and morbidity. One of the most serious complications of meningitis is intracranial tuberculoma. MTB meningitis is a mysterious form of meningitis characterized by headache, mild fever, neck stiffness, and cerebral palsy.

Methods: In this review article, the databases Medline, Cochrane, Science Direct, and Google Scholar were thoroughly searched to identify the studies Brain tuberculoma. In this review, the papers published until early January 2017 that were conducted to study the Brain tuberculoma were selected.

Presenting the patient : In this review article, the databases Medline, Cochrane, Science Direct, and Google Scholar were thoroughly searched to identify the studies Brain tuberculoma. In this review, the papers published until early January 2017 that were conducted to study the Brain tuberculoma were selected.

Conclusion: The need for more precision in the diagnosis of tuberculosis, even with normal chest photograph, is mandatory. All patients with chronic meningitis should consider the possibility and risk of meningitis tuberculosis, and both central nervous system and eyes should be examined in order to guarantee the safety of these two organs.

Keywords: Brain , tuberculoma

INTRODUCTION

In most developed countries, resources, budgets, high standards of living and extensive pharmacotherapy have reduced tuberculosis in the past 40 years, and there is currently little problem with this disease; however, in developing countries, the disease is still a big problem (1). In spite of population growth, the incidence of tuberculosis has declined slightly, but the incidence rate of tuberculosis in the world is likely to be more in comparison to the past 20 years (2). Sometimes, tuberculosis emerges as a localized development of the lining of the brain, meninges, or stratum cortex (3). This form of meningeal is similar to the mass of the brain (4). Clinical manifestations are different depending on the venereal location (5). With increase in size and severity, the effect of tuberculoma gets closer and closer to brain mass (6). Nerves get involved and the patient gradually is afflicted with increasing weakness and lethargy (7). Timely diagnosis and the removal of further complications, accurate evaluation of symptom, and findings of the cerebrospinal fluid are alternatives to hinder the disease from further advancement (8).

METHODS:

In this review article, the databases Medline, Cochrane, Science Direct, and Google Scholar were thoroughly searched to identify the studies Brain tuberculoma. In this review, the papers published until early January 2017 that were conducted to study the Brain tuberculoma were selected.

PATIENT:

The patient was an 18-year-old young man who had had periods of fever and chills two months before the visit; he was hospitalized due to reduced consciousness and weakness in the upper and lower limbs in the nervous system. Despite the negative blood smears, which were collected several times, patient's fever still continued. The patient suffered from headache and intermittent fever and required medical examination was conducted. CT scan findings showed no abnormal findings. The abdominal and pelvic sonography was normal. The white blood globulins and blood platelets were normal. The vital signs of the patient were normal. MRI with gadolinium injection showed small lesions in favor of tuberculoma. Mild fluid was seen along with the deposition of calcium in the adjacent curvature in CT scan. A complete abdominal sonography was conducted and the results were normal. Treatment process started with Anti-tuberculosis and prednisolone. The patient experienced relative recovery after two weeks and increased the level of consciousness after one week; he was discharged with desirable public health status after one month.

DISCUSSION AND CONCLUSION

One of the most serious forms of meningitis is caused by Mycobacterium tuberculosis, which affects the lining of the meninges covering the brain and the spinal cord and is usually associated with high mortality and morbidity (9). One of the most serious complications of meningitis is intracranial tuberculoma (10). MTB meningitis is a mysterious form of meningitis characterized by headache,

mild fever, neck stiffness, and cerebral palsy (11). Acute meningoencephalitis is identified with coma, increased intracranial pressure, seizure, and focal neurological defects (12). TB meningitis is caused by the tear of sub-tubercles Epidermal into the subarachnoid space and, less likely, by hematogenous. The most common manifestations of MTB meningitis include: Kuma, the onset of a disease for more than 5 days, lymphocytic congestion in the patient's CSF sample, CSF fluid glucose size less than 50% of concurrent blood glucose, CT scan findings, and Abnormal MRI, abnormal ophthalmic fundus and proven tougher tuberculosis; factors associated with poor prognosis include: the age of the patient under 2 years of age, decreased consciousness at admission, seizure, and cerebrospinal fluid protein above 70 mg Per deciliter (13).

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