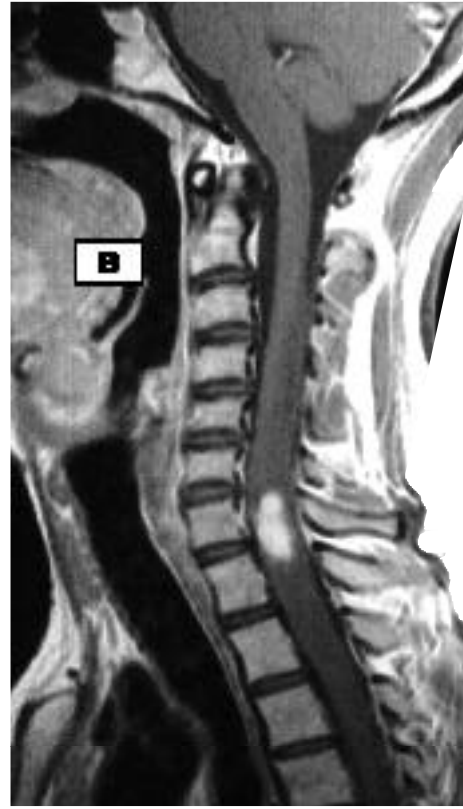


## TUBERCULOUS MYELITIS

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This 29-year-old patient presented with neckache and numbness of the lower limbs. MR of cervical spine shows T2-hypointense lesion in spinal cord (black arrow) with high signal-intensity edema and cord expansion. Post-contrast image shows focal enhancing lesion in the cord. A: T2-weighted sagittal MR scan. B: Post-gadolinium T1-weighted sagittal MR scan. C: Post-gadolinium T1-weighted axial MR scan.

## DIAGNOSIS

Intra-medullary tuberculoma secondary to acute granulomatous myelitis.

## COMMENT

Tuberculomas are conglomerate caseous foci within the tissue that develop from deep-seated tubercles acquired during a recent or remote hematogenous bacteremia.<sup>1</sup> Radiologically, they present as single or multiple contrast-enhancing nodular lesions often apparent on CT scanning of patients with meningitis or miliary TB.<sup>2</sup> Tuberculous involvement of the spine is common. It usually takes the form of diskitis /osteomyelitis and tuberculous arachnoiditis. These can occur as a secondary event in the course of common forms of tuberculous meningitis. It is an important and not an uncommon cause of paraparesis.<sup>3</sup> Tuberculous

spinal arachnoiditis is an inflammatory disease at single or multiple levels producing gradual encasement of the spinal cord by a gelatinous or fibrous exudate.<sup>4</sup> Sometimes the infection may begin in the spinal area resulting in backache and involvement of the spinal cord and roots at multiple levels.<sup>5</sup> In the early stages, this may be confused with other forms of viral myelo-radiculopathies, but the evidence of elevated CSF protein, reduction of sugar, largely lymphocytic cellular count, and presence of acid fast bacilli should confirm the diagnosis.<sup>6</sup> Polymerase chain reaction (PCR) for Mycobacterium tuberculosis in the cerebrospinal fluid is a very specific test in the diagnosis.<sup>7</sup> The patient should be treated with anti-tuberculous drugs, including rifampicin, isoniazid, pyrazinamide, streptomycin and/or ethambutol.<sup>8</sup> Use of steroids is recommended. With the advent of MRI, identification of such lesions has become much easier. Intramedullary tuberculomas are rare and may cause focal cord enhancement and decreased or increased signal intensity on T2-weighted images. Gadolinium-DTPA enhanced MRI is recommended for evaluation.<sup>9</sup>

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