Abstract

Tuberculous meningitis is secondary to rupture of a tubercle into the subarachnoid space. Its clinical presentation is usually subacute or chronic primarily affecting brain. Clinically it is accompanied by headache, intermittent fever, cranial nerve palsies (especially oculomotor), confusion, hemiparesis, lethargy, meningeal signs and sometimes seizures. We report the case of a female 23 year-old patient who was admitted in the internal medicine service with meningeal irritation, fever and behavioral changes. With study protocol (cerebrospinal fluid analysis, clinical and conventional treatment failure) was integrated the diagnosis of tuberculoma. It is emphasized that early empirical antituberculous treatment and steroids prevent the emergence of drug resistance strains and may improve the prognosis of patients.

Keywords

tuberculous meningitis, tuberculoma, antituberculous, cerebrospinal fluid.