

Devastating yet treatable complication of tuberculous meningitis: the resistant TB abscess

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Tuberculous meningitis (TBM) is still very common in India and is also seen in pediatric population according to ICMR study 2004, 2005 [1]. In the last decade, a large number of studies were available dealing with drug resistant TB [2, 3]. More than 30% of all new TB cases occurring in the world are reported in India, and approximately 500,000 people die in India due to tuberculosis, every year. More alarmingly, 25–30% of tuberculosis reported in India [1, 4] is termed as multidrug resistant (MDR), and among them, 2–3% are leveled as extreme drug resistant. We also observe many patients resistant to first-line TB drug; then, the second-line drugs are started after 2–3 months of antitubercular treatment (ATT) of first-line drug.

From India, three types of tuberculomas are described, after the advent of computed tomography (CT) and magnetic resonance imaging (MRI) scans. They are (a) disc lesion, (b) nodular lesion, and (c) ring lesion. TB abscess are also reported in the brain, which are extremely rare. Paradoxical increase in size of TB granuloma is also reported within the first 4–6 weeks of treatment; however, real response can only be evaluated after 10–12 weeks of antitubercular treatment (ATT).

In India, in the 1970s, 1980s—as high as 15–20% of operated intracranial lesions were diagnosed as tubercular granulomas on histology. With the advent of CT, more and more patients are treated conservatively, and in follow-up of CT/MRI, lesions disappear leaving a small calcified spot. In the recent years, incidence of tuberculomas, which is histologically proved, is around 4–5%, among the surgical series in India.

Solitary ring enhancing lesion in the brain is also reported in India, without being associated with TBM or a pulmonary TB. By and large, patients present with focal or generalized seizure. Most common differential diagnosis is neurocysticercosis. These lesions are treated with ATT with repeated CT/MRI follow-up for a period of 1 year.

Thus, I want to appraise the readers, our experience in India, about tubercular pathology and their modalities of treatment.

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