

## Tuberculous Brain Abscess

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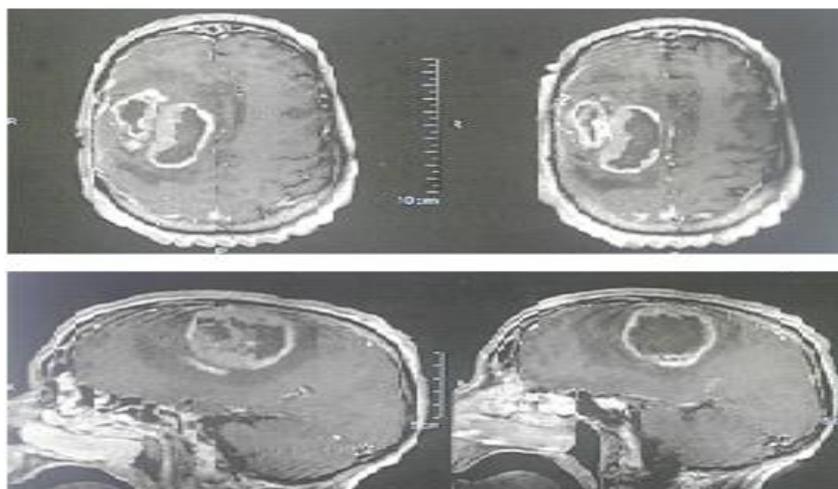
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### Clinical Image

Central nervous system (CNS) tuberculosis (TB) Tuberculous brain abscess is a rare and unusual expression of tuberculosis of central nervous system (CNS), remains common in Morocco and other developing countries, and probably is the result of an altered host response to invasion by tubercular bacilli. It is characterized by an encapsulated collection of pus, containing viable tubercular bacilli without evidence of tubercular granuloma, but if present, are not in the form of organized follicles [2]. Abscess walls are usually devoid of epithelioid and giant cells, which are characteristic of tuberculoma [3].



**Figure 1:** Magnetic resonance imaging (MRI) brain with gadolinium contrast showed a peripherally enhancing lesion with thin walls in the right parietal lobe.

We report an immunocompetent individual with tuberculous abscess. A 53-year-old woman presented with complaints of headache, vomiting and blurring of vision since two months and low grade fever 6 months back. she was initially evaluated and treated by a primary care physician. The treatment records were not available with the patient for last 1 month she has resurgence of the symptoms in the form of severe holocranial headache, vomiting and fever. There was no history of seizures, loss of consciousness, any bulbar symptoms, diplopia, facial numbness or weakness. There was no significant past medical history Lymph nodes of her head and neck were not palpable. Other aspects of physical examination were within normal

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limits. Magnetic resonance imaging (MRI) brain with gadolinium contrast showed a peripherally enhancing lesion with thin walls in the right parietal lobe measuring 35 mm × 27 mm × 27 mm with surrounding perilesional edema (Figure 1).



**Figure 2:** Surgery burr hole and aspiration of the abscess.

The patient underwent an emergency surgery burr hole and aspiration of the abscess. At surgery, (figure 2) 25 ml of thick, yellow, non-foul smelling pus was aspirated. Bacterial cultures of the pus were negative (aerobic and anaerobic). Ziehl-Neelsen (ZN) staining demonstrated multiple acid-fast bacilli (AFB) suggestive of M tuberculosis. This was confirmed by culture. antitubercular therapy was instituted; the course consisted of an intensive phase of 4 drugs for 3 months (isoniazid, rifampicin, pyrazinamide, and ethambutol) followed by a maintenance phase with 2 drugs for 09 months (isoniazid and rifampicin). The patient remains asymptomatic and neurologically stable 10 months after surgery.

### References

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2. Sharma VG, Newton KM (1992) Multiple tuberculous brain abscesses. Indian Journal of Tuberculosis 39: 185-188.