Tuberculous meningovascularitis

Figure MRI and angiography

Fluid-attenuated inversion recovery (FLAIR) MRI shows left-sided subcortical hyperintensities consistent with infarction (A). Abnormal enhancement of basal cisterns (B, arrowheads), sylvian fissures (B, arrows), and optic nerves (C, arrows) can be seen on contrast-enhanced T1-weighted imaging. Angiography demonstrates multifocal areas of arterial narrowing at the base of the brain (D).

A 49-year-old woman presented with subacute onset of headache, vomiting, confusion, visual disturbances, and speech difficulty. Clinical examination revealed mild global aphasia and altered visual acuity. Brain MRI showed white matter abnormalities in the left hemisphere, and abnormal gadolinium enhancement of basal cisterns, sylvian fissures, and optic nerves (figure). CSF examination showed 60 lymphocytes/mm³, increased protein content of 1 g/L, and reduced glucose level of 0.26 g/L (blood glucose level of 1.09 g/L). Angiography revealed multifocal narrowing of arteries at the base of the brain (figure). Three weeks later, *Mycobacterium tuberculosis* was cultured from CSF. A diagnosis of tuberculous meningovascularitis was made.^{1,2}

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