

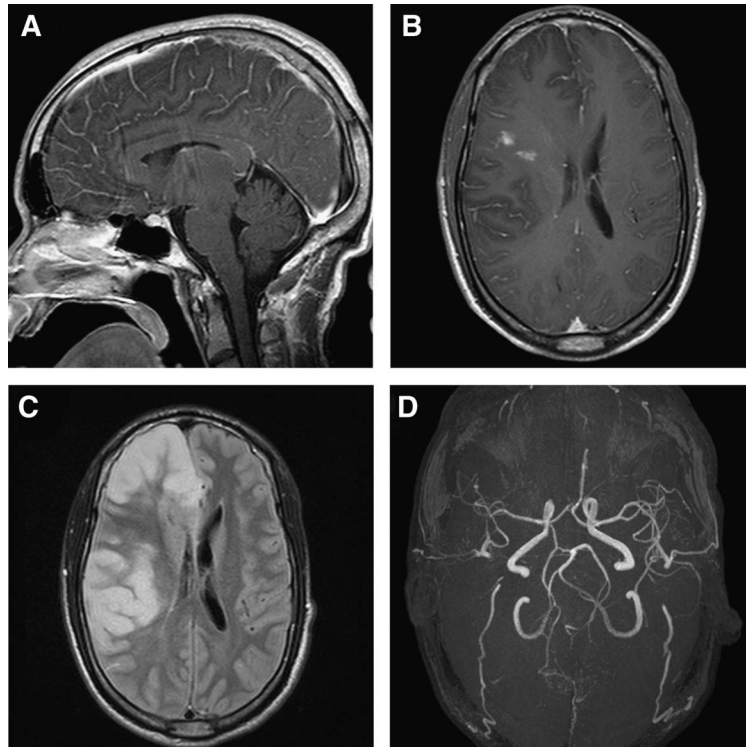
Teaching NeuroImages:

A case of tubercular arteritis and stroke after early discontinuation of antibiotic therapy

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Figure Brain MRI and magnetic resonance angiography



T1-contrast sequence shows meningeal enhancement (A, B) and gadolinium-enhancing nodular lesions typical of noncaseating tuberculomas (B). Right middle and anterior cerebral arteries infarction on fluid-attenuated inversion recovery sequence (C). Magnetic resonance angiography reveals right M1 segment irregularities and right distal middle cerebral artery and postcommunicant anterior cerebral artery occlusion (D).

A 31-year-old man presented with acute left hemiplegia. History revealed a tuberculous pneumonia partially treated 10 months before, and headache and left leg jerks occurring recently. Upon examination, he was drowsy, with rightward gaze and head deviation and left hemiplegia. MRI showed an infarct on the right anterior and middle cerebral artery territory, leptomeningitis, and 2 tuberculomas (figure). Tests for HIV, syphilis, common bacteria, fungi, and viruses were negative. Despite anti-tuberculosis therapy, he died after 37 days. Autopsy showed caseous necrosis, vasculitis, and confirmed tuberculosis diagnosis.

Arteritis and infarctions are critical consequences of tuberculosis.¹ Poor adherence to therapy exposes to disease relapse and drug resistance.²

AUTHOR CONTRIBUTIONS

Leslie D. Parish: study concept and design, acquisition of data, analysis and interpretation of data, drafting/revising the manuscript for content, including medical writing for content. Angelo Pirisi: drafting/revising the manuscript for content, including medical writing for content.

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The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

Neurology®

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Neurology 2012;79:e181

DOI 10.1212/WNL.0b013e3182749ea7

This information is current as of November 12, 2012

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