Destructive craniovertebral junction tuberculosis and antituberculosis treatment

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Figure Sagittal T2-weighted MRI of the craniovertebral junction

(A) Sagittal T2-weighted MRI of the craniovertebral junction shows destructive cortical bone changes with periodontal heterogeneous fluid collection causing significant compression of the spinal cord (figure, A, arrows) compressing the spinal cord (figure, A, asterisk). Antituberculosis therapy (ATT) was initiated and follow-up scans (figure, B and C, arrows) showed complete resolution. Craniovertebral junction tuberculosis is extremely rare but life-threatening, occurring in 0.3%–1% of tuberculous spondylitis cases. Almost all patients with neurologic deficits require early surgical intervention. In high-risk surgical patients, awaiting ATT response to prevent surgery-related morbidity and mortality is worthwhile.

Author contributions
Dr. Philips: study concept, final approval. T.K. Jayarajan: image acquisition, final approval.

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

References

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