

# Large Cerebral Tuberculoma

Nor Osman Sidow<sup>1</sup>

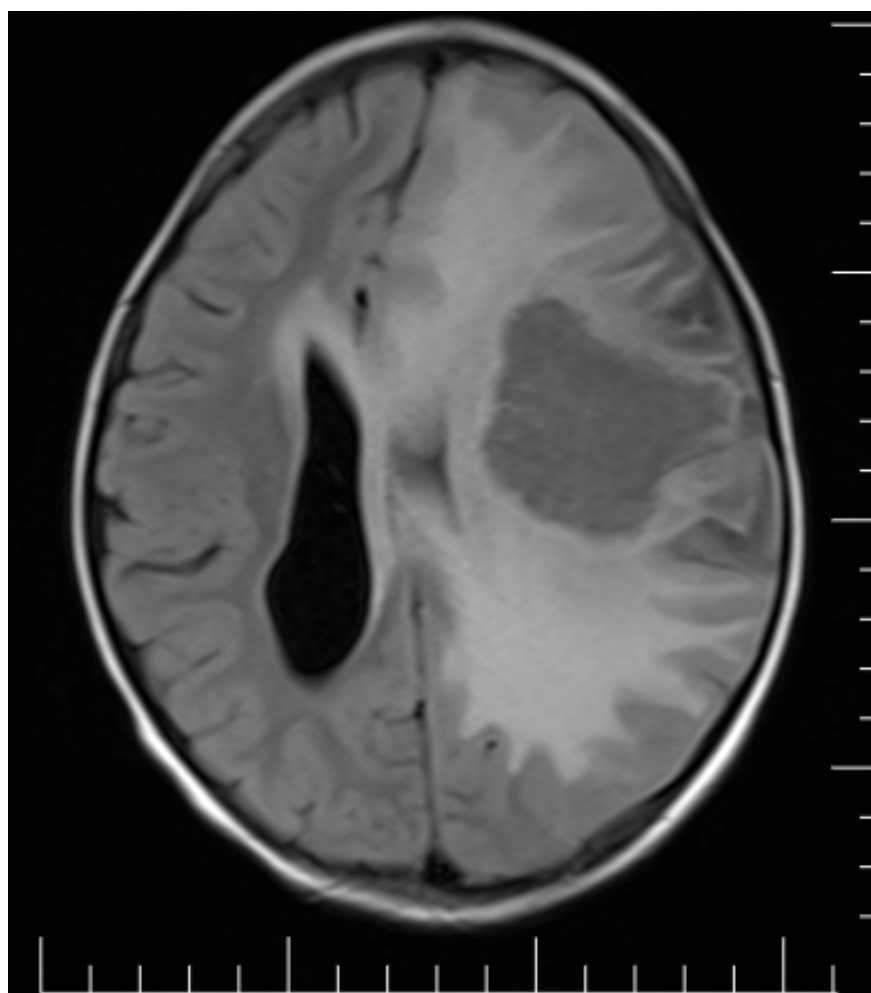
<sup>1</sup>Somalia Mogadishu Turkey Recep Tayyip Erdogan Training and Research Hospital

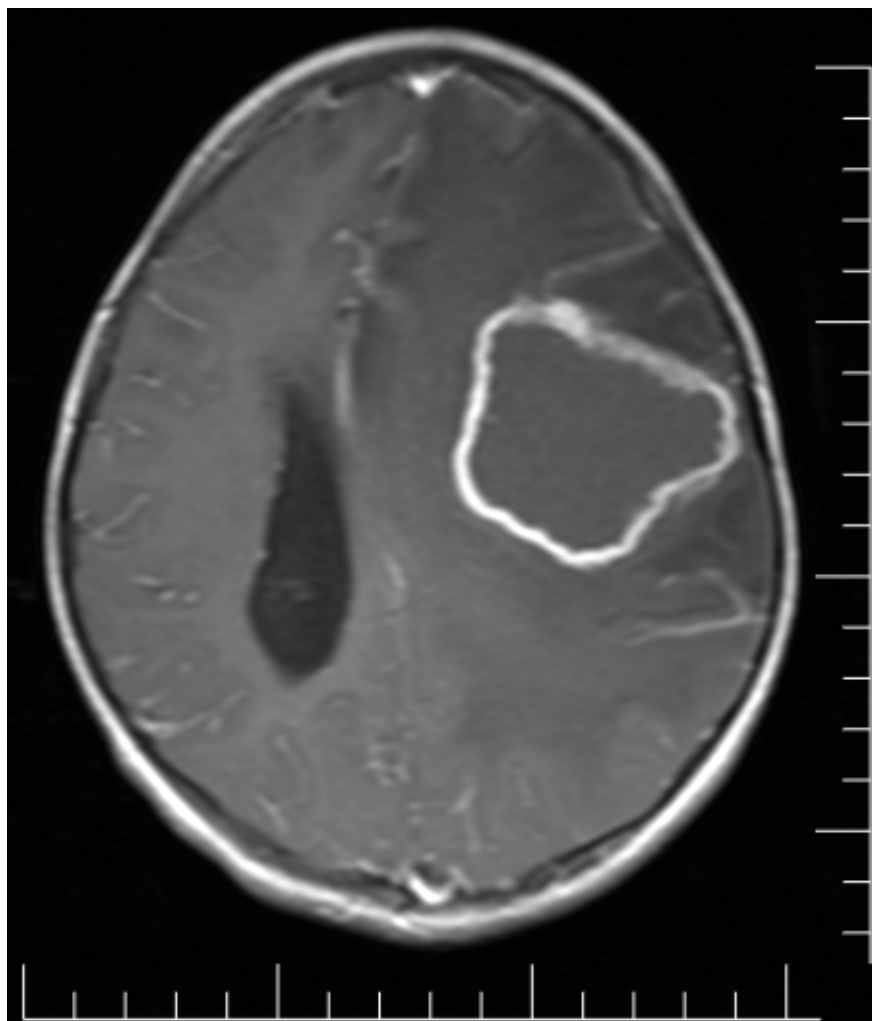
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**Nor Osman SIDOW, M.D.**

**Mogadishu Somalia Turkey Training and Research Hospital**





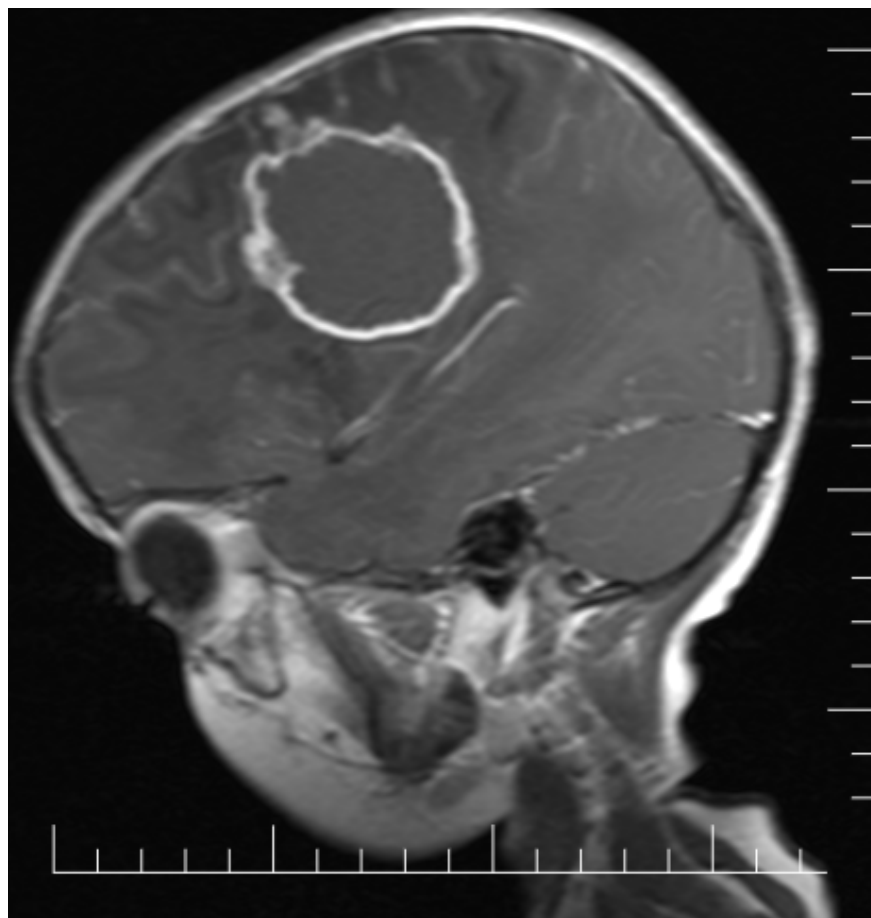


Figure 1: This is an MRI brain that shows a lesion with vasogenic oedema in the right fronto-parietal region (A), and after IV Gad contrast, it shows lesion with leptomeningeal enhancement of both cerebral hemispheres (B and C).

A previous healthy 7-year-old boy comes at the neurology out-patient department with right side hemiparesis, altered of speech, and seizure for six months. No previous history of Tuberculosis or other chronic diseases. Physical examination, he was afebrile and no meningeal signs, there was right side weakness (power 3/5). Magnetic resonance imaging of the head with intravenous gadolinium showed ring contrast enhancement on post-contrast images was observed. Widespread vasogenic edema was observed around this described lesion (Figure 1: A). A shift reaching 18 mm to the right in the midline of the brain was observed. In addition, leptomeningeal enhancement areas were detected in both cerebral hemispheres. Findings are highly compatible with intracranial tuberculoma and accompanying meningitis (Figure 1: B and C), and the HIV test was negative. Resection was planned and performed. Histological findings showed caseous necrosis with giant multinucleated cell of Acid Fast Bacillae. The patient was started with 1 year of ant-tubercle treatment. His symptoms improved. Tuberculoma and TB meningitis are two of the devastating complications of TB, which require prolonged treatment and have a poor prognosis [1,2,3].

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Consent: A written informed consent was obtained for the patient's father to publish this image report.

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## Reference

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