

# PRESENT ASPECTS OF TUBERCULOUS MENINGITIS

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The study includes 45 patients with tuberculous meningitis (TM) admitted to the Clinic of Infectious Diseases from Târgu-Mureș between January 1990-April 1995. The cases under study represent 7,1% of all meningitides and 39,1% of bacterial meningitides occurring during the above mentioned period. A number of 27 patients (60%) were males and 18 (40%) females. According to age, the majority - 32 cases (71,1%) were under 30 years of age and 16 (35,6%) under 10. Family tuberculous contact was found in 11 patients (24,4%) and in pulmonary tuberculosis was found in their personal history 6 other patients (13,3%). Late admission to hospital due to atypical start was noticed in 30 (66,7%) patients: Classical clinical TM picture appeared only in 7 (15,6%). The rest (84,4%) presented various forms of clinical picture (cerebromedullary affection, cranial nerve paralysis, syndrome of intracranial hypertension, septic type fever etc.). Typical CSF (cerebrospinal fluid) for TM was revealed only in 15 (33,3%) and 30 (66,7%) posed serious problems of case interpretation. Bacteriologic confirmation through positive cultures on Löewenstein medium was obtained in 13(28,9%) and through BAAR visualization smears in 21 (46,7%). Fundus of the eye examination revealed edema and papillary stasis in 42 (93,3%). Pulmonary X-ray presented hilar adenopathy in 30 (66,7%), miliary tuberculosis (TB) in 13 (28,9%) and fibrocavitary TB in one patient. CT revealed hydrocephalus, hypodense periventricular and/or basal zones in 27 (60%) and cerebral tubercule in the basal nuclei of one patient. Treatment of all these cases consisted in standard anti-TB/therapy associated with corticotherapy. Two patients with severe forms were also successfully administered Fluoroquinolone and one patient with significant hydrocephalus underwent ventriculoperitoneal shunt. The evolution was as follows: 21 patients cured (46,7%) 7 dead (15,6%) and 17 (37,7%) had neurologic sequelae. Deaths examination led to the following conclusions: a) the diagnosis was late; b) presented pulmonary TB focuses; c) affection of neuraxis was severe.