TUBERCULOUS MENINGITIS WITH ATYPICAL ONSET

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In some diseases, the diagnosis can be sometimes difficult to establish; in these cases a great help can offer the clinical studies and observations. For this reason, in orther to avoid a diagnosis error or a delay of the diagnosis the clinical trial will be based on following facts: a) the absence of "the classic profil" of the CSF does not exclude "per se" the tuberculous etiology; b) one can not accept delimitations regarding the number and morphology of cells; one can find values beyond 100 cells/mmc, or over 1000 cells/mmc, with ocasional predominance of polynuclears (50-75%); c) the biochemical components do not establish a definit profil; much more important is the high value of proteins in the CSF; d) perseverence can realise the "chance" of finding the Mycobacterium tuberculosis in the veil or in the CSF sediment; e) routine includes at least 3-4 cultures for Mycobacterium tuberculosis; F) an acute or even brutal onset, or the presence of fever for a long period can not be an argument for excluding the tuberculous etiology, the statement of "typhobacilosis Landouzy" as a "waiting syndrome" continues to be a clinical reality. A part of these problems is shown by the following clinical case: the patient I.A. 34 years is admitted in the hospital in the 47th day of the disease. In this time the patient presented fever, headache, asteny. After 10 days of

hospitalization the headache became more important and the meningeal syndrome appeared. The CSF showed a clear aspect, Pandy (++), 33 cells/mmc, 100% lymphocytes, proteins 0,92 g‰, chloride 7,37 g‰, glucose 45 mg% and the cultures for BK became positive after 24 days. The control lumbare punctures showed 140-305 cells/mmc and proteins between 1,52-4,74 g‰. With adequate therapy the evolution was favourable.