



ORIGINAL RESEARCH PAPER

Paediatric Medicine

TUBERCULOUS MENINGITIS: CASE REPORT IN PEDIATRICS

KEY WORDS:

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INTRODUCTION

Meningitis can be caused by a variety of infectious agents, such as viruses, fungi and bacteria, and non-infectious agents. Those of infectious origin, caused by bacteria and viruses, are the most important from a public health point of view, due to the magnitude of their occurrence and potential to produce outbreaks. 1 Among them, Mycobacterium tuberculosis is of considerable clinical and epidemiological importance, especially in developing countries.

Case Report

Patient, 7 years old, with a five-day history of fever, vomiting and deviation of gaze. Patient had only the first dose of BCG and hepatitis B. The patient's mother had been diagnosed with tuberculosis one year before, with inadequate treatment.

Computed tomography of the skull was performed, without alterations. Cerebrospinal fluid with 15 cells (21% polymorphonuclear / 78% mononuclear), glucose 20, proteins 65. A rapid molecular test for tuberculosis (Xpert MTB/RIF) was performed on the CSF with a positive result. Corticosteroid therapy and treatment for tuberculous meningitis with rifampicin, isoniazid and pyrazinamide were prescribed.

He maintained fever and lowered level of consciousness, repeated contrast-enhanced computed tomography of the skull, which revealed frontal hypodensity, along with the anterior prolongation of the lateral ventricles. Cranial magnetic resonance imaging was performed, which revealed expansive formation in the genu of the corpus callosum and dilatation ventricular shunt, with an external ventricular shunt (EVD) indicated. During hospitalization, evolved with supraspinal reactivity, absence of eye movements and positive apnea test with absence of brain electrical activity, contenting him with brain death.

DISCUSSION

Tuberculous meningitis remains the deadliest form of tuberculosis. The best way to improve survival is through early diagnosis and treatment. New techniques such as Xpert MTB/RIF that should be used for both diagnosis and staging of the disease. two Most cases of tuberculous meningitis progress slowly and are divided into three stages:

stage I - in general, it lasts from 1 to 2 weeks, characterized by the non-specificity of the symptoms; stage II - characterized by the persistence of systemic symptoms and the emergence of evidence of brain damage and stage III or terminal period - occurs when focal, opisthotonos, changes in heart rate and breathing and varying degrees of altered consciousness appear , including coma. 1 At any clinical stage of the disease, focal or generalized seizures may be observed.

In cases of meningoencephalic tuberculosis at any age, the use of corticosteroids is recommended at the beginning of treatment.3

CONCLUSION

Tuberculous meningitis, in general, is an early complication of primary tuberculosis, which often occurs within the first six months after the first infection.3

Early treatment and diagnosis are important factors for a satisfactory prognosis of meningoencephalitis.

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