

A Case of Tuberculous Radiculomyelitis Despite of Proper Antituberculous Treatment in a Patient of Tuberculous Meningitis

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Tuberculous radiculomyelitis (TBRM) is a complication of tuberculous meningitis (TBM), which has been reported rarely in the modern medical literature. We describe a case of TBRM, which developed during the treatment of TBM. A 28-year-old man suddenly developed lower back pain, flaccid paraparesis, urinary incontinence, while the TBM was improving with the treatment at 9th day after admission. Spinal MRI revealed leptomeningeal enhancement along with thoracolumbar spinal canal, thickening of nerve roots, spinal meninges and intramedullary high signal lesion in T2 level.

Key Words: Tuberculous meningitis, Radiculomyelitis

(radiculomyelitis),
(root pain), 37.8

가 Wadia Dastuf

(tuberculoma)

1 240 mmH₂O
1920 /mm³(95%), 890
mg/dl, 17.1 mg/dl (89 mg/dl)
rifampin, isoniazid, pyrazi-
namide 2 3

28 2 2
9 (lower back pain),
IV (flaccid paraparesis),

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MRI T1 (thoracolumbar spinal canal) (cauda equina) (leptomeningeal (conus surface) (meningeal enhancement) (Fig. 1), (Fig. 2). T1 가 , 가 가 .² (root pain), T2 level (Fig. 3).



Figure 1. MRI performed 10 days after treatment. A and B, sagittal T1WI before and after administration of iv gadolinium-DTPA, showing intense enhancement of the leptomeninges along with thoracolumbar spinal canal.

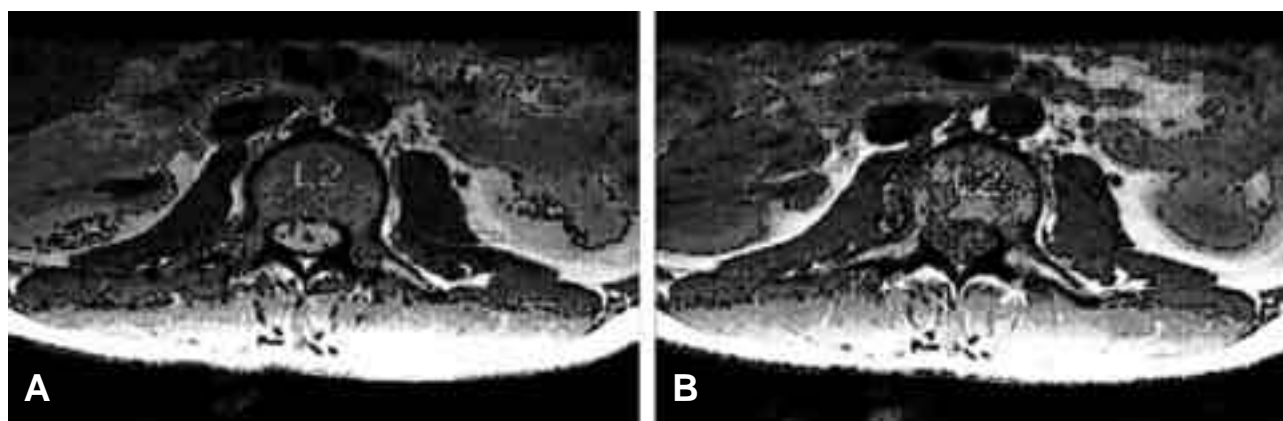


Figure 2. MRI performed 10 days after treatment. A and B, axial T1WI before and after administration of iv gadolinium-DTPA, showing thickening of nerve roots and spinal meninges.

가 .4
 5
 9
 6
 2 (delayed
 hypersensitivity),
 가
 (paradoxical reaction)
 가 가
 5
 (spinal dura mater)
 (leptomeninges)
 7
 (granulo-
 matous reaction) (loculation)
 8
 (cervicothoracic)
 9
 MRI
 1

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Figure 3. MRI performed 10 days after treatment. Axial T2WI showing intramedullary high signal lesion in T2 level (white arrow).