IMAGES DAY TO DAY

Unusual Cause of Compressive Myelopathy in a Patient of Disseminated Tuberculosis

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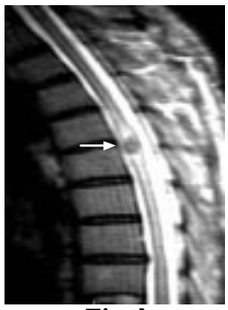

Fig A

Fig B

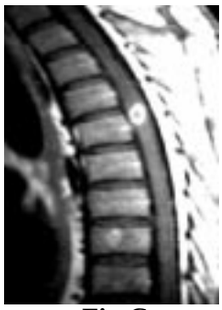

Fig C

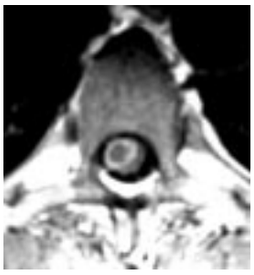

Fig D

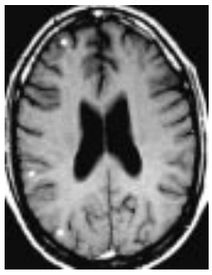

Fig E

Fig F

A 24 years old female presented with progressive paraparesis of 3-months duration. She had urinary hesitancy of 2-months and low-grade fever for last 1 month. Examination finding were limited to lower limbs only. There was weakness (2/5 in right and 4/5 in left) and spasticity in both lower limbs. There was pansensory loss below D9 level. Reflexes were brisk in lower limbs. On investigation, hemogram showed leucocytosis of 8900/cmm with raised ESR of 42 mm/ first hour. Chest skiagram was normal. MRI of dorsal spine revealed a focal lesion at D6-7 level, hypointense in T2 (Fig. A) and isointense in T1 (Fig. B) weighted images. Post-contrast scan (Fig. C) showed ring enhancement. Hyperintense signal changes were seen in the cord adjacent the lesion in T2-weighted images (Fig. A), suggesting edema. Axial scans (Fig. D) revealed that the lesion was located eccentrically in the right antero-lateral portion of the cord. Screening study of brain revealed small disc enhancing lesions in frontal & parietal lobes (Fig. E). On basis of the history of fever, multiple ring/disc lesions in brain and solitary lesion in dorsal cord with hypointense core of the lesion in T2-weighted images, etiology of tuberculosis was considered. Patient was treated with 4-drug anti-tubercular therapy including isoniazid, rifampicin, pyrazinamide and ethambutol. She also received prednisolone (60mg / day for 4 weeks and then tapered over next 4 weeks). At 15-months follow-up, her symptoms had remarkably resolved, with 4+/5 power in both lower limbs with residual mild urinary hesitancy. Repeat MR (Fig. F) showed complete resolution of the lesion with residual signal changes in the cord.

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