Tuberculosis of the central nervous system

Sir,

The only comment I wish to add to the exceptionally good review by Garg is that one of the enduring mysteries of central nervous system tuberculosis is how the bacillus can be present in the cerebrospinal fluid (CSF), in amounts readily detectable by direct smear, and also in association with neurological symptoms, without causing either pleocytosis or a biochemical reaction (case 11, reference 2; case 18, reference 3). Paradoxically, some of these cases are the very ones who, after initiation of antituberculous chemotherapy, subsequently manifest the expected cellular and biochemical response in the CSF (case 6, reference 4). It is also worth pointing out that, whilst it is true that in developing countries tuberculous meningitis is commoner in the young than in the old, elderly patients comprise a high-risk group for misdiagnosis, due to poor specificity of presenting features such as mental confusion, which can dominate the clinical picture to the exclusion of headache, and neck stiffness, which can be difficult to distinguish from age-related cervical spondylosis, and can itself be associated with mental confusion, even in the absence of meningitis.

O M P JOLLOBE
Department of Medicine for the Elderly, Tameside General Hospital, Ashton under Lyne OL6 9OW, UK

Accepted 9 March 1999


This letter was shown to the author of reference 1 who responded as follows:

Sir,

I thank Dr Jolobe for his keen interest in my article. Dr Jolobe rightly pointed to several reports of atypical patients in whom mycobacteria were detectable even without inflammatory changes in the cerebrospinal fluid (CSF). Usually, mycobacteria are not readily identified in the CSF of patients with tuberculous meningitis. Kennedy and Fallon found initial CSF specimens positive for mycobacteria in only 37% of patients on direct smear examination. At an early stage of the disease, there may be very few cells in the CSF, or polymorphonuclear leukocytes may predominate. There may not be significant alterations in CSF protein and glucose concentrations. In such cases, repeat examinations of CSF will most probably demonstrate a progressive increase in the protein concentration, a progressive decline in glucose levels, and a shift to a mononuclear pleocytosis.
Tuberculosis of the central nervous system

O M P JOLOBE

Postgrad Med J 1999 75: 511
doi: 10.1136/pgmj.75.886.511

Updated information and services can be found at:
http://pmj.bmj.com/content/75/886/511

These include:

References
This article cites 11 articles, 2 of which you can access for free at:
http://pmj.bmj.com/content/75/886/511#BIBL

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/