

Tuberculous Pachymeningitis Masquerading as Orbital Pseudotumor

Pai-Ching Tsui¹, Ya-Ju Lin^{1,2}, Chao-Liang Chou^{1,2}

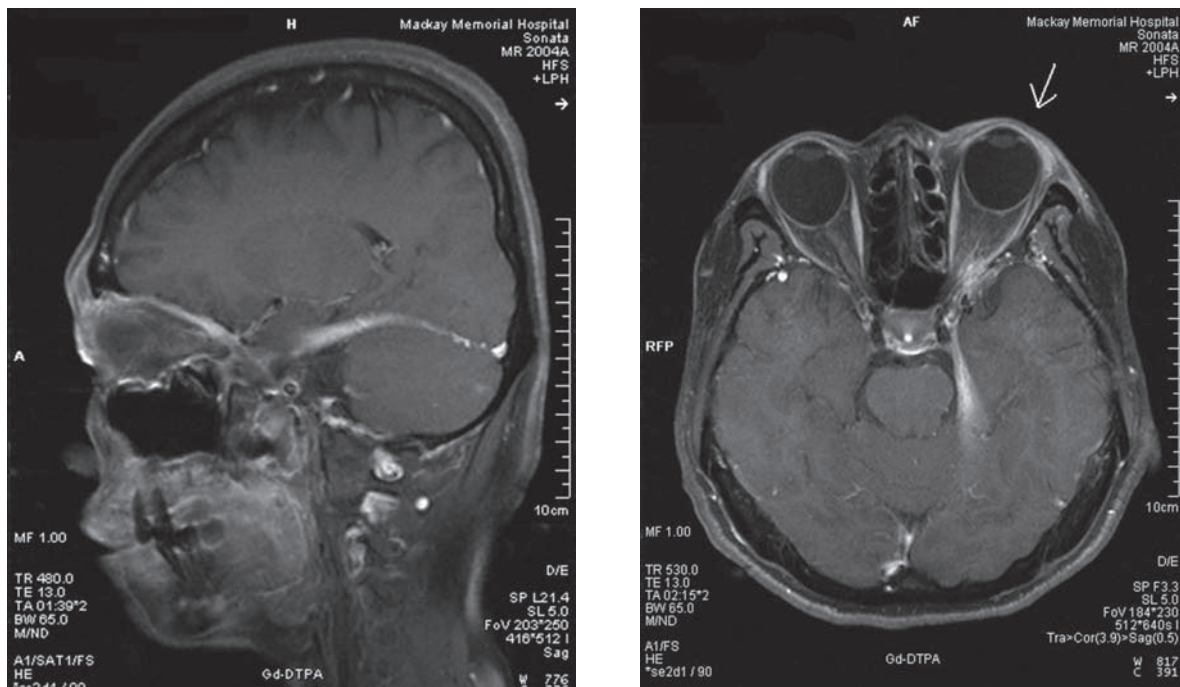


Figure 1. Contrast enhanced sagittal and axial MRI revealed thickening and enhancement of left tentorium dura mater extending to left aspect of cavernous sinus, orbital fissure and superior rectus muscle of left eye. Note proptosis of left eye (arrow)

A 35-year-old woman presented with progressive left side proptosis, ophthalmoplegia and trigeminal neuralgia for one month. Brain MRI showed thickening of tentorium dura mater as typical pachymeningitis⁽¹⁾ but extending to retro- and intra-orbital space (figure). CSF study revealed lymphocyte predominant pleocytosis and positive PCR of mycobacterium tuberculosis. We used four combined anti-tuberculous therapy and prednisolone. Follow-up brain MRI showed much improvement of the pachymeningitis after two months.

From the ¹Department of Neurology, Mackay Memorial Hospital, Taipei, Taiwan. ²Mackay Medical College, New Taipei City, Taiwan.

Received January 6, 2014.

Revised & Accepted February 8, 2014.

Correspondence to: Chao-Liang Chou, MD. No. 92, Sec. 2, Zhong-Shan North Road, Taipei, Taiwan. Department of Neurology, Mackay Memorial Hospital.

E-mail: chaoliangchou@gmail.com

Pachymeningitis may extend to retro- and intra- orbital space and are often regarded as Tolosa-Hunt syndrome or orbital pseudotumor⁽²⁾. Proptosis may be a presentation of occult infection behind orbital space. Appropriated neurological examination, CSF and image study is important before steroid therapy.

Acta Neurol Taiwan 2014;23:36-37

REFERENCES

1. Kupersmith MJ, Martin V, Heller G, Shah A, Mitnick HJ. Idiopathic hypertrophic pachymeningitis. *Neurology* 2004;62:686-694.
2. Wasmeier C, Pfadenhauer K, Rosler A. Idiopathic inflammatory pseudotumor of the orbit and Tolosa-Hunt syndrome--are they the same disease? *J Neurol* 2002;249:1237-1241.