



## IMAGES IN INTENSIVE MEDICINE

### Complications of tuberculous meningitis in magnetic resonance imaging in a patient with systemic lupus erythematosus<sup>☆</sup>



### Complicaciones de meningitis tuberculosa en resonancia magnética en un paciente con lupus eritematoso sistémico

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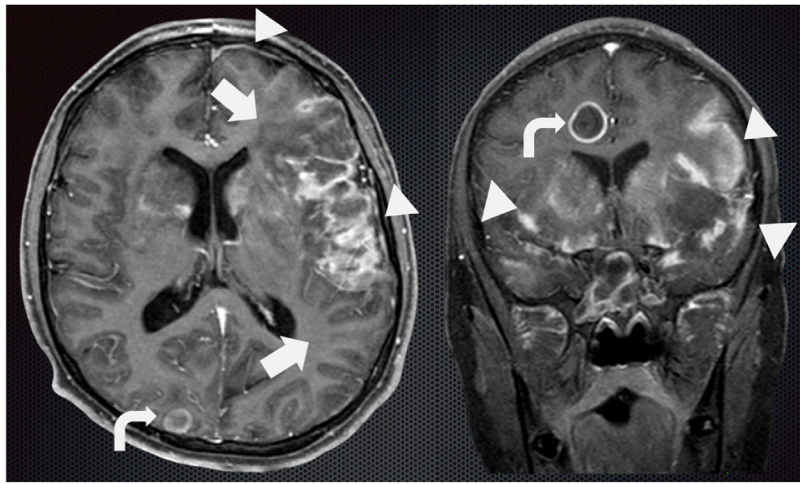
An 18-year-old male with systemic lupus erythematosus (SLE) subjected to treatment with prednisone 15 mg/day and azathioprine 50 mg/day presented a two-week history of fatigue, anorexia, fever, altered waking state, disorientation in all three spheres, and generalized seizures with *status epilepticus* treated with thiopental in infusion in intensive care. The patient was HIV-negative, and cerebrospinal fluid analysis revealed a clear appearance, hypoglycorrhachia (58 mg/dl), proteins 120 mg/dl, pleocytosis 600 cells/ $\mu$ l (monocytes 39% and polymorphonuclear cells 61%), black ink negativity, negative cultures and GeneXpert<sup>®</sup> System (Cepheid, Sunnyvale, USA) positivity in cerebrospinal

fluid for DNA of *M. tuberculosis*. Fig. 1 shows a magnetic resonance imaging view of the brain in transverse and coronal section, with intense enhancement in the basal ganglia and at meningeal and leptomeningeal level (arrowheads) of both frontal lobes and the left temporal lobe, as well as reduction and erasure of the sulci and fissures, related to edema consistent with cerebritis (white arrows). The right cingular circumvolution and ipsilateral parietal lobe presented an abscess measuring 18 mm in size, with ring-form enhanced uptake of the contrast medium (curved arrows). Treatment was started with antituberculous agents and dexamethasone as adjuvant, but proved ineffective, and the patient died two weeks after the diagnosis.

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**Figure 1** Magnetic resonance imaging view of the brain in transverse and coronal section.

### **Conflicts of interest**

The authors declare that they have no conflicts of interest.

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