

Abstract

Background

Tuberculous optochiasmatic arachnoiditis (OCA) with the potential to cause irreversible blindness may occur as a paradoxical reaction to anti-tuberculous therapy (ATT). The rarity of the condition has precluded the formulation of evidence-based guidance on its management.

Case Presentation

A 24-year-old previously well woman developed multiple cerebral tuberculomata while being treated for central nervous system tuberculosis in 2018 and received a protracted course of ATT. Four years later in 2022, she presented with deterioration in her vision associated with increasing cerebral tuberculomata and inflammation while on a second course of ATT for relapsed disease. Her visual impairment was attributed to OCA. She was treated at different stages with high-dose intravenous steroids, second line ATT, infliximab and thalidomide. Her visual deficits improved and remained static with no further deterioration.

Conclusion

Persisting cerebral tuberculomata and relapsing inflammation may result in potentially serious complications such as OCA. Treatments targeting the inflammatory pathway may be beneficial.