

## **Abstract**

Tuberculosis is an endemic infection in developing countries, particularly in areas with high-risk factors such as overpopulation, poverty, poor socioeconomic status, malnutrition, alcoholism, drug addiction, and immunocompromised states due to various conditions. Tuberculosis can present with pulmonary or extrapulmonary symptoms. Central nervous system tuberculosis (CNS TB) is quite rare among tuberculosis patients, but it can result in severe mortality, morbidity, and neurological deficit, sometimes resulting in a vegetative state. The clinical or radiological presentation of CNS TB mimics other conditions like pyogenic CNS abscess, toxoplasmosis, sarcoidosis or malignancy. Early and accurate diagnosis, followed by prompt treatment, is crucial for reducing mortality and morbidity in high-risk patients.

In this report, we present a case of a patient who presented with an altered level of consciousness and had MRI findings consistent with epidural abscess in the prepontine region complicated by a posterior cerebral artery infarction on the right side. The patient showed a remarkable response to anti-tuberculosis treatment even though TB-specific investigations were negative.