

Abstract

Froin's syndrome is the combination of high protein, hypercoagulable cerebrospinal fluid (CSF), and xanthochromia, which occurs due to the blockage of CSF flow. We report the case of a 72-year-old man with multiple comorbidities who presented with fever, chills, rigors, and severe myalgia for 5 days. On day 12 of admission, he developed a sudden onset of flaccid quadriparesis with ongoing fever. His lumbar puncture showed a very high protein level of 13,000 mg/dl and xanthochromia, along with 3 red cells, leading to the diagnosis of Froin's syndrome. Blood culture was positive twice for Methicillin-Resistant Staphylococcus Aureus (MRSA). Magnetic Resonance Imaging (MRI) of the entire spine revealed Tuberculous spondylitis with extensive epidural abscesses from the cervical to thoracic regions. He underwent laminectomy and spinal decompression surgery. The tissue culture from the vertebral lesion tested positive for Tuberculosis (TB), and antitubercular treatment (ATT) was initiated. After completing 2 months of ATT, the patient showed mild improvement in his mobility. We must consider Froin's syndrome when faced with extremely high CSF protein levels, which can be caused by a variety of factors; in this case, it is due to an underlying infection.