

Abstract

The paradoxical reaction in tuberculous meningitis is referred as the clinical or radiological or clinicoradiological deterioration of pre-existing tuberculoma or formation of new tuberculoma during treatment. This may raise the suspicion in a clinician regarding the accuracy of diagnosis, the possibility of treatment failure or the presence of different pathology therefore this topic is important to a clinician to make an appropriate diagnosis and to act accordingly (10).

We present this case report of a 38 year old female who was diagnosed with smear positive pulmonary tuberculosis and tuberculous meningitis presented with four day history of right side complete 3rd nerve palsy, left lower motor neurone type facial nerve palsy and left hemiparesis while on six months of anti TB treatment. MRI Brain showed increased number of intra and extra axial tuberculoma with associated hydrocephalus compared to previous MRI. She was diagnosed to have possible paradoxical reaction depending on the negative results of induced sputum sample for acid fast bacilli, Cerebro Spinal Fluid (CSF) culture and CSF gene Xpert with simultaneously showing the evidence of improvement of pulmonary TB. She was parallelly treated for TB meningoencephalitis and paradoxical reaction with systemic corticosteroid and anti tuberculous medication. She underwent ventriculoperitoneal shunt insertion to reduce obstructive hydrocephalus. She responded well after optimisation of pharmacological treatment and surgical intervention.