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IMAGES IN NEUROLOGY

Calcified intracranial tuberculomas as sequelae of pediatric neurotuberculosis

Tuberculomas calcificados intracranianos como sequela de neurotuberculose pediátrica

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A 29-year-old woman with a history of neurotuberculosis at the age of 18 months presented with seizures, abnormal gait, and fluctuations of consciousness level, recovering after anti-tuberculosis treatment. She remained asymptomatic for the next years, except for moderate cognitive impairment. Years later, a brain magnetic resonance imaging (MRI) scan (Figure 1) revealed calcified lobulated masses in the brain parenchyma and basal cisterns.

Intracranial tuberculomas occur in 5–24% of pediatric neurotuberculosis[1] and can be secondary to pial vessel inflammation, perivascular abscesses, or septic emboli[2]. Medical history and the characterization of non-enhancing, diffusely calcified brain masses are important clues for diagnosing residual granulomas.

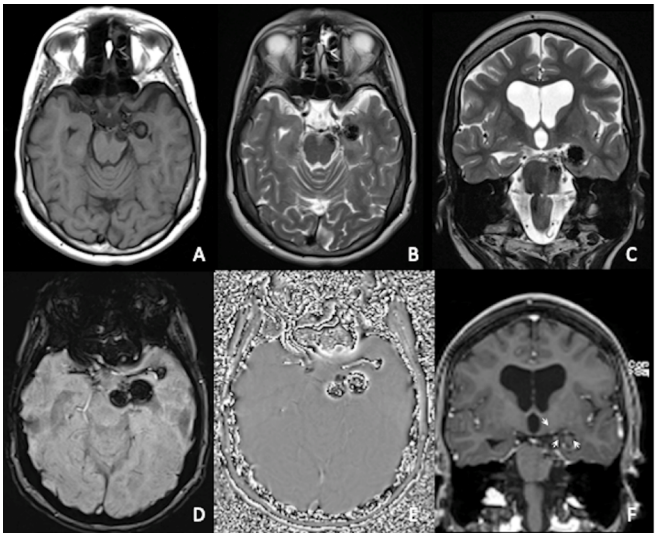

Figure 1. Magnetic resonance imaging shows multiple lobulated masses with low signal in T1-weighted (A) and T2-weighted (B and C images in the brain parenchyma and basal cisterns, with low signal in susceptibility-weighted imaging (SWI) (D) and phase images (E), compatible with calcifications. Lesions are non-enhancing in post-gadolinium images (F), except for a few peripheral enhancing foci (arrows), corresponding to small vessels.

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