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March, 2008	ONTENTS	Vol. 56 Iss	ue 1
Editorial			
'Aqualisation' of neuraxis: Wondrous neu	raqua CSE 1		
Manu Kothari, Atul Goel			1
View and Review			
Organization of neurology services in Ind	ia: Unmet needs and the way forward		
Mandaville Gourie-Devi			4
Original Articles			
Endoscopic management of brain absces	SSES		
Yad Ram Yadav, Mallika Sinha, Neha, Vijay	' Parihar		13
Pattern of cerebellar perfusion on single A clinical and computed tomography cor	photon emission computed tomography in sub relation	ocortical hemato	oma:
Jayantee Kalita, Usha K. Misra, Prasen Ra	njan, P. K. Pradhan		17
Imaging features in Hirayama disease			
Hemant A. Sonwalkar, Rakesh S. Shah, Fir Sukalyan Purkayastha	osh K. Khan, Arun K. Gupta, Narendra K. Bodhey, Sur	rjith Vottath,	22
Delayed habituation in Behcet's disease			
Sefa Gulturk, Melih Akyol, Hulusi Kececi, S	edat Ozcelik, Ziynet Cınar, Ayse Demirkazık		27
Erythrocyte indicators of oxidative chang	ges in patients with graded traumatic head inju	ry	
Chandrika D. Nayak, Dinesh M. Nayak, Ani	naswamy Raja, Anjali Rao		31
Repeat gamma knife radiosurgery for rec	current or refractory trigeminal neuralgia		
Liang Wang, Zhen-wei Zhao, Huai-zhou Qi	n, Wen-tao Li, Hua Zhang, Jian-hai Zong,		
Jian-Ping Deng, Guo-dong Gao			36
Taste dysfunction in vestibular schwanne	omas		
Rabi Narayan Sahu, Sanjay Behari, Vimal I	K. Agarwal, Pramod J. Giri, Vijendra K. Jain		42
Surgical management of traumatic intrac	pranial pseudoaneurysms: A report of 12 cases		
Xiang Wang, Jin-Xiu Chen, Chao You, Min	He		47
Expression of truncated dystrophin cDNA	As mediated by a lentiviral vector		
Sun Shunchang, Chen Haitao, Chen Weido	ong, He Jingbo, Peng Yunsheng		52
Gamma knife radiosurgery for glomus iu	gulare tumors: Therapeutic advantages of mini	malism in the sk	ull base
Manish S. Sharma, A. Gupta, S. S. Kale, D	. Agrawal, A. K. Mahapatra and B. S. Sharma		57

Neurology India

March, 2008

CONTENTS

Vol. 56 Issue 1

Case Reports

Subarachnoid hemosiderin deposition after subarachnoid hemorrhage on T2*-wei with the location of disturbed cerebrospinal fluid flow on computed tomography c	ghted MRI correlates isternography	
Yoshifumi Horita, Toshio Imaizumi, Yuji Hashimoto, Jun Niwa		62
Anesthesia management of awake craniotomy performed under asleep-awake-asl laryngeal mask airway: Report of two cases	eep technique using	
Gadhinglajkar Shrinivas Vitthal, Rupa Sreedhar, Mathew Abraham		65
High cervical C3-4 'disc' compression associated with basilar invagination		
Atul Goel		68
Short-lasting unilateral neuralgiform headache with conjunctival injection and tea to antiepileptic dual therapy	ring: Response	
Ravi Gupta, Manjeet S. Bhatia		71
Correlation of autism with temporal tubers in tuberous sclerosis complex		
Kavitha Kothur, Munni Ray, Prahbhjot Malhi		74
Non-traumatic carotid dissection and stroke associated with anti-phospholipid an Report of a case and review of the literature	tibody syndrome:	
Benzi M. Kluger, Richard L. Hughes, C. Alan Anderson, Kathryn L. Hassell		77
Osteoma of anterior cranial fossa complicated by intracranial mucocele with emplits radiological diagnosis	hasis on	
Jinhu Ye, Hui Sun, Xin Li, Jianping Dai		79
Vasospasm after transsphenoidal pituitary surgery: A case report and review of th	e literature	
Manish Kumar Kasliwal, Ravinder Srivastava, Sumit Sinha, Shashank S. Kale, Bhawani S.	Sharma	81
Chondromyxoid fibroma of the seventh cervical vertebra		
Ashish Jonathan, Vedantam Rajshekhar, Geeta Chacko		84
Acute progressive midbrain hemorrhage after topical ocular cyclopentolate admin	istration	
Tarkan Calisaneller, Ozgur Ozdemir, Erkin Sonmez, Nur Altinors		88
Letters to Editor		

Digital subtraction angiography laboratory with inbuilt CT (DynaCT): Application during intracranial anurysm embolization 90 Concomitant tuberculous and pyogenic cerbellar abscess in a patient with pulmonary tuberculosis 91 Drug complianceafter stroke andmyocardial infarction: Is complementary medicine an issue? 93

Neurology India

Free full text at www.neurologyindia.com and www.bioline.org.br/ni

March, 2008 CONTENTS Vol. 56 Issue 1

	Multiple intracranial developmental venous anomalies associated with complex orbitofac vascular malformation	ial	93
	Nitrofurantoin-induced peripheral neuropathy:A lesson to be re-learnt		94
	Posterior longitudinal ligament cyst as a rare cause of lumbosacral radiculopathy with po leg raising test	sitive straight	96
	Aqueductal stenosis caused by an atypical course of a deep collector vein draining bilater developmental venous anomalies	ral cerebellar	97
	Recovery of increased signal intensity of the cervical cord on magnetic resonance imagin for spontaneous spinal epidural hematoma causing hemiparesis	g after surgery	98
	Simultaneous thalamic and cerebellar hypertensive hemorrhages		100
N	euroimages		
	MRI and MRA in spontaneous intracranial arterial dissection		

Referees List - 2007	000???	
Instructions to Authors	106	
Forthcoming Events	105	
Susceptibility weighted imaging in holohemispheric venous angioma with cerebral hemiatrophy Sivaraman Somasundaram, Chandrasekharan Kesavadas, Bejoy Thomas	104	
Shunt catheter migration into pulmonary arteries Miikka Korja, Matti K. Karvonen, Arto Haapanen, Reijo J. Marttila	103	
MRI and MRA in spontaneous intracranial arterial dissection S. Raghavendra, Sanjeev V. Thomas, Krishnamoorthy Thamburaj, Bejoy Thomas	102	

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Concomitant tuberculous and pyogenic cerbellar abscess in a patient with pulmonary tuberculosis

Sir,

Tuberculous brain abscess represents one end of the spectrum of central nervous system tuberculosis and is relatively rare. Concomitant pyogenic and tuberculous brain abscess is very rare and only two cases have been reported so far.^[1] A case of concomitant pyogenic and tuberculous cerebellar abscess occurring in a patient with pulmonary tuberculosis is reported.

A 24-year-old male presented with headache, neck pain and unsteadiness of gait of two months duration. He had been on treatment for pulmonary tuberculosis diagnosed six months earlier. He had no evidence of ear infection or other septic foci. Fundus examination showed bilateral papilledema. He had right upper limb and gait ataxia. Computerized tomographic scan and magnetic resonance imaging showed a large ring-enhancing mass lesion in the cerebellar vermis and right cerebellar hemisphere with obstructive hydrocephalus [Figure 1]. Patient was negative for HIV infection. X-ray chest showed evidence of bilateral pulmonary tuberculosis with multiple patchy consolidation [Figure 2]. Suboccipital craniectomy was performed. A large surfacing mass was encountered occupying the vermis and right cerebellar hemisphere. Tapping revealed 20 ml of liquid yellow pus. The abscess capsule was thick and was excised. Gram staining of the pus showed Gram-positive cocci and Ziel Nielson staining showed evidence of mycobacteria. Staphylococcus aureus was



Figure 1: T1W contrast MRI brain axial views showing ring-enhancing mass in the midline cerebellum extending to the right



Figure 2: X-ray chest showing bilateral multiple patchy consolidation

grown on culture. Histopathological examination of the abscess wall showed fibrocollagenous tissue with inflammatory cells [Figure 3]. There was no evidence of Langhan's giant cells or caseation. The patient was treated with antibiotics as per the bacteriological sensitivity report and antituberculous chemotherapy. The patient made an uneventful recovery and is being continued on antituberculous chemotherapy.

Tuberculous abscess of the brain is a separate entity from tuberculoma. Three conditions have to be fulfilled to be called tuberculous brain abscess: (1) presence of frank pus in an abscess cavity in the brain, (2) presence of acid fast bacilli in the pus and (3) absence of caseation and granuloma formation in the abscess wall with presence of inflammatory cells.^[2] Whitener reported the first case of tuberculous brain abscess.^[2] There have been many reports of tuberculous brain abscess.^[3,4] Tuberculous brain abscess is thought to represent defective immune response in which the delayed hypersensitivity reaction is suppressed with



Figure 3: Histopathology of abscess capsule showing inflammatory cells with fibrocollagenous background (H and E, x40)

preservation of acute inflammatory response.

Concomitant pyogenic and tuberculous abscess has been extremely rare. Siddiqui *et al*., have reported two cases of concomitant pyogenic and tuberculous brain abscess, both of which were in the cerebral hemisphere and both had streptococcus and mycobacterium in the pus.^[1] Both these patients had no other tuberculous focci or immunocompromised state. In the present case the abscess was in the cerebellum and the organism isolated was Staphylococcus aureus in addition to Mycobacterium tuberculosis. This patient who has pulmonary tuberculosis probably might have developed a secondary bacterial infection of the tuberculous abscess in the cerebellum by metastatic spread. This case report emphasizes the need for routine examination of all brain abscesses for both pyogenic and tuberculous organisms and the institution of the necessary antibiotic and antituberculous chemotherapy, especially in those patients with evidence of systemic tuberculosis.

V. G. Ramesh, K. Shyam Sundar

Department of Neurosurgery, Madurai Medical College and Govt. Rajaji Hospital, Madurai, Tamil Nadu, India. E-mail: drvgramesh@hotmail.com

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