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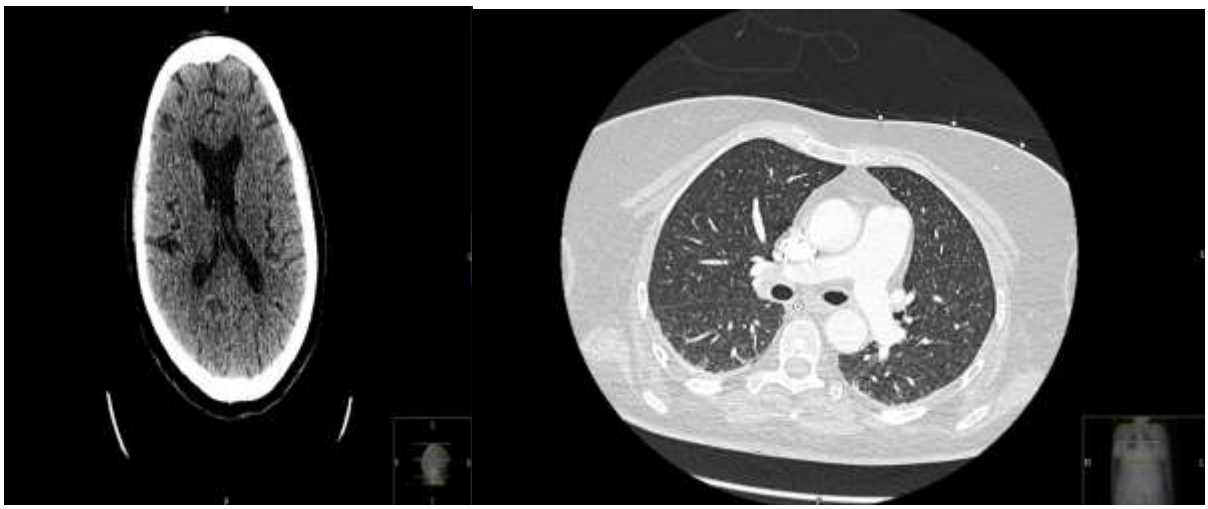
Title: Tuberculous Meningitis in immunocompromised patients with Rituximab.

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Introduction. Tb meningitis is common in developing world and immunocompromised patients.

Case Summary. 66 years old patient of Asian background from US admitted with confusion and behavioural changes for the last 10 days. Past medical history included rheumatoid arthritis, diabetes, hypertension and patient was on rituximab for RA. Patient had normal CT head and bloods showed hyponatraemia Na 118, AKI and CRP 7. Results from lumbar puncture showed raised protein and very high lymphocyte count. Patient also had MRI head which showed small vessels disease but no tuberculoma. Patient also had CT thorax, showing tree bud appearance in lungs consistent with bronchiolitis or TB and Ct venogram was normal. Echocardiogram showed good LV function and normal size left ventricle. Mycobacteria tuberculous were isolated from her sputum culture and patient was initially treated for tuberculous meningitis. During admission patient had worsening of GCS and patient was admitted to ITU where patient developed acute infarct. Patient was treated for acute infarct and Tb and was discharged on anti-tuberculous medications. It was a unique presentation in an immunocompromised patient on Rituximab with sudden deterioration, confusion but no neck stiffness or typical meningitic features. Patient developed ischaemic, a known complication of tuberculous meningitis secondary to vasculitis. Patient stayed in hospital for about 03 weeks and showed improvement after commencement of anti-tuberculous therapy and was discharged from hospital. **Conclusion.** This patient was probably not screened for TB prior to commencement of Rituximab and it is imporant to screen patients for TB prior to commencing immunosuppression.

Figures 01 & 02:



CT Head showing small vessels disease and CT Thorax.

Biography

Dr Zahid Khan has completed his MRCP from RCP London and has also completed MSc Epidemiology & Biostatistics and MSc Cardiology. He is RCP Associate tutor in Southend Hospital. He also currently teaching on MSc Diploma course with University of South Wales and is also Advanced life support Instructor with Resus Council UK. He has also been appointed as PLAB 2 examiner recently by the GMC. He has 3 publications and has presented posters in few conferences. He is currently working as Gastroenterology trainee in Southend Hospital and is currently studying MSc in Health and Medical education from University of Hertfordshire.

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