Tuberculoma of the pons

SIR,—Although the incidence of intracranial tuberculoma has decreased, it is still a clinical problem in many countries. Before computed tomography (CT) was available, diagnosis was mainly at the time of surgery or at necropsy. Today, earlier diagnosis may be possible.

A 42 year old woman was admitted with a short history of progressive numbness of her right side of her face and tongue as well as of her right hand. Later she developed horizontal diplopia. There was no history of previous tuberculosis either in the patient or in her family. Neurological examination disclosed a left sixth cranial nerve paresis, mild right hemiparesis, ataxia and right sided dysmetria. Routine blood tests were normal except for an ESR of 68 mm in the first hour. Mantoux skin test was negative. Skull and chest radiographs were normal. A CT scan showed a rounded hypodense mass in the upper pons which was enhanced by the injection of contrast medium (figure). A diagnosis of intrapontine tumour was made and this was supported by vertebral angiography and pneumoencephalographic examination. Surgery was performed and a well encapsulated mass was removed from the pons. A pathological diagnosis of tuberculoma was made.

This case was peculiar in several ways: there was no personal or family

Figure CT showing enhancement of isodense pontine lesion.

history of tuberculosis, Mantoux skin test and chest radiographs were normal, and the clinical features and CT-scan were suggestive of a brainstem tumour. Intracranial tuberculoma are potentially curable and CT-scan may be a helpful, objective and non-invasive method for diagnosis and follow-up of the outcome of drug treatment.¹⁻³

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- 2 Prince H, Danzinger A. Computed tomography in cranial tuberculoma. *Am J Roentgenol* 1978; **130**:769-71.
- 3 Peatfield P, Shawdon H. Five cases of intracranial tuberculoma followed by serial computerised tomography. *Neurol Neurosurg Psychiatry* 1979; **42**:373-9.

Notices

The International Society for Paediatric Neurosurgery. The Ninth Annual Meeting will take place in Budapest, Hungary, 20-22 July, 1981. Details may be obtained from: Dr Ervin Paraicz, The National Scientific Institute for Neurosurgery, Budapest, Amerikai ut 57, H-1145 Hungary.

Thirteenth Colloquium Internationale Neuropsychopharmacologicum Congress. This will be held on 20-25 June 1982 in Jerusalem, Israel. Further information may be obtained from The Secretariat, 13th CINP Congress, POB 29784, Tel Aviv, Israel.