Images In...

Seizures and chest x-rays: can you Pott the diagnosis?

Nisha Ranganathan,1 Preya J Patel,2 Yasmin Pasha3

1Royal Free Hospital, London, UK
2Department of Cardiology, Royal Brompton Hospital, London, UK
3Department of Gastroenterology, Hillingdon Hospital, London, UK

Correspondence to Dr Nisha Ranganathan, n.ranganathan13@gmail.com

DESCRIPTION

A 27-year-old Kenyan woman presented with collapse, and a 1 min episode of tonic–clonic jerking of her right arm and leg with no other symptoms. She denied any illicit drug use, and had been living in the UK for 10 months. A contrast-enhanced CT scan showed a ring-enhancing lesion. An MRI to further characterise the lesion favoured a diagnosis of a tuberculoma. The initial chest x-ray was re-reviewed and having being initially reported as normal by the A&E, medical and neurological teams, was found to show a paraspinal mass, extending from T7–T11 (figure 1). The patient was started on anti-tuberculosis therapy and underwent further investigation with CT chest, abdomen and pelvis and MRI spine. Neurosurgical referral was sought; however, as there were no signs of cord-compression, no surgery was indicated. She subsequently made an uncomplicated recovery.

Learning points

▸ Remember to review bony components of the radiograph, not just the lung fields.
▸ Spinal involvement may be the first manifestation of tuberculosis.1
▸ Have a high index of suspicion of tuberculosis in patients from endemic countries, who have had contact with someone from an endemic country, the immunocompromised, intravenous drug users, the homeless2 and those who present with any of; fever, cough malaise, back pain, neurological symptoms or weight loss.

Competing interests None.
Patient consent Obtained.

REFERENCES


Figure 1 A large soft tissue density is projected behind the heart shadow on both sides of the spine in keeping with a paraspinal mass. The left margin of the density appears smooth and lobulated. No bony lesion is seen. 165x135mm (72 x 72 DPI).