CLINICAL EVOLUTIVE ASPECTS OF TUBERCULOUS MENINGITIS OF THE ADULT

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Although the entity of TM is well defined theoretically from the practical point of view, the diagnosis is difficult and time - consuming, this sometimes reflects in severe clinical course. The study presents clinical and evolutive aspects of TM of the adult, on 26 patients, admitted in an hospital during 1989-1994 interval. TM represented 5,5% of all meningitis. The average age was 25-40 years, with greater frequence of occurence in the rural environment (60%). 30% of the patients had heredocollateral or personal history of TBC. From the clinical point of view, an insidious onset was observed in 65% of the cases, 35% of them had an acut onset. All patients presented headache, fever, vomiting and meningeal syndrome, 27% had focal neurological signs and 50% presented various degrees of coma. The clinical picture made necessary differential diagnosis with expanding

intracranial formations and with bacterial meningitis. In 73% of the cases, the CSF citology and biochemistry was characteristic: clear or xantocrome CSF, with the predominance of adult lymphocytes, high proteinorachia >150 mg% and low glicorachia <30 mg%. In 27% of the cases the CSF analysis wasn't suggestive of TBC. The diagnosis of certitude was established by Ziehl - Neelsen stains in 35% of the cases, cultures on Lowenstein were positive in 70% of the cases. All patients received tuberculostatic treatment, 11,5% of them presented a severe clinical course, towards death. Several factors of severe prognosis were observed: the presence of the encephalitic syndrome, high levels of CSF protein, very low levels of glucose in CSF. It is important to take into consideration the acute onset and uncharacteristic CSF aspects in tuberculous infections. In order to improve the etiological diagnosis, new, more rapid and more specific tests are needed: detection of antimycobacterial antibodies or specific antigens.