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POSTER COMMUNICATION · PEDIATRICS

What if neurosarcoidosis was actually tuberculosis?

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English version of a poster presented in French.

KEY MESSAGES

1. La méningite tuberculeuse et la neurosarcoïdose partagent de nombreux éléments cliniques, biologiques et radiologiques.
2. Le diagnostic différentiel est complexe et une erreur diagnostique peut avoir des conséquences graves.
3. Un examen anatomopathologique est essentiel pour confirmer la nature granulomateuse et orienter le traitement.

ABSTRACT

Introduction. Tuberculous meningitis remains a frequent cause of chronic meningitis in endemic countries. Some non-infectious granulomatous diseases, such as neurosarcoidosis, can closely mimic the clinical and radiological presentation, complicating differential diagnosis.

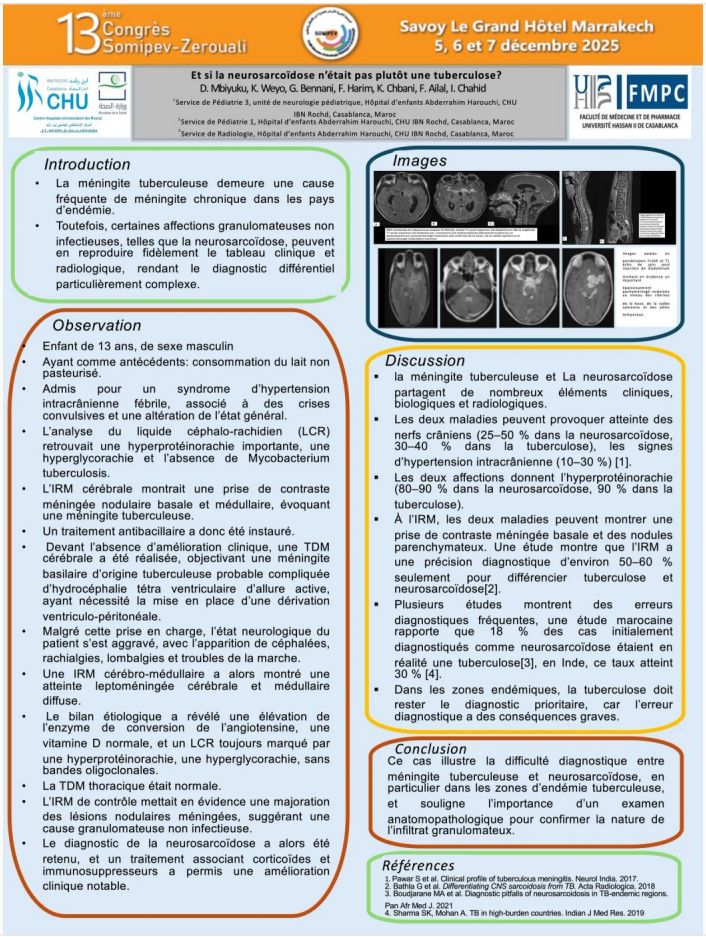
Materials and methods. Case report of a 13-year-old boy admitted for febrile intracranial hypertension syndrome with seizures. CSF analysis showed high protein, high glucose, and absence of Mycobacterium tuberculosis. Initial brain MRI suggested tuberculous meningitis. After no improvement with anti-tuberculous treatment, brain and spinal MRI showed diffuse leptomeningeal involvement. Neurosarcoidosis diagnosis was made after exclusion and treatment with corticosteroids and immunosuppressants.

Results. The patient showed notable clinical improvement after immunosuppressive treatment. Imaging revealed meningeal nodular lesions suggesting a non-infectious granulomatous cause. Etiological workup showed persistent high protein in CSF without Mycobacterium tuberculosis. Chest CT was normal.

Conclusion. This case illustrates the diagnostic challenge between tuberculous meningitis and neurosarcoidosis, especially in tuberculosis endemic areas, and highlights the importance of pathological examination to confirm the granulomatous nature of the infiltrate.

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POSTER



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