

Disseminated Tubercular Meningitis Secondary to Abdominal Tuberculosis

Following Surgery: A Rare Case Report

CAS-114

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INTRODUCTION

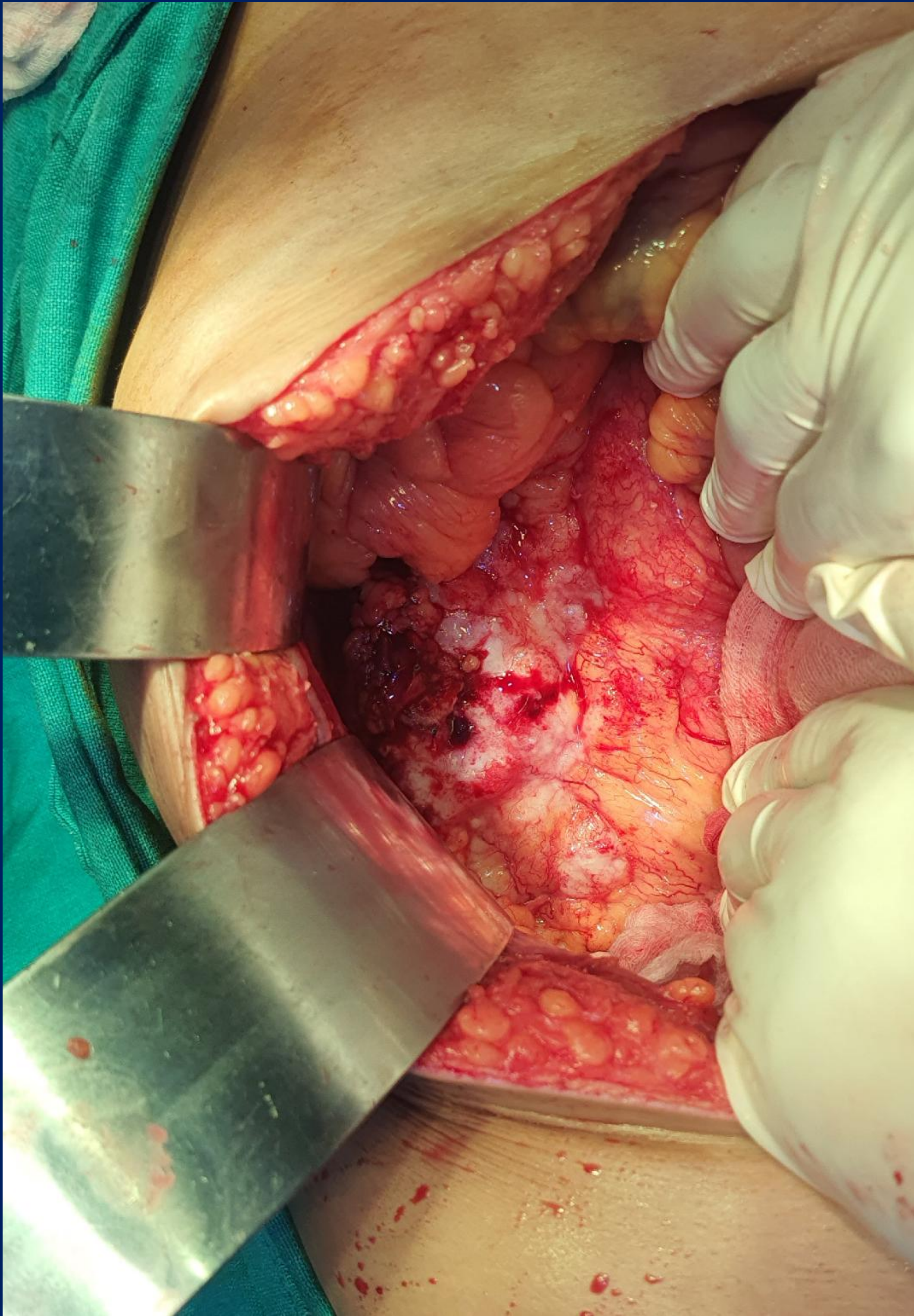
Disseminated tuberculosis is an uncommon but serious manifestation of *Mycobacterium tuberculosis* infection, particularly when central nervous system involvement follows a primary extrapulmonary focus. Tubercular meningitis secondary to abdominal tuberculosis is exceedingly rare, especially when triggered or unmasked postoperatively.

CASE

A 65-year-old male presented with a five-month history of abdominal pain, constipation, abdominal fullness, intermittent malaena, and significant weight loss.

INVESTIGATION

CECT abdomen: Features suggestive of intestinal malignancy.



FINDING

Approx. 5×6 cm tender, mobile suprapubic mass on examination

SURGERY

Right Hemicolectomy

HISTOPATHOLOGY

Histopathology of intestinal mass demonstrated Tuberculosis.



POST-OPERATIVE EVENT

On post-operative day 5, the patient developed low-grade fever, backache, anorexia, and progressive disorientation.

INVESTIGATION

Cerebrospinal fluid (CSF) analysis, showed elevated protein, low glucose, and lymphocytic pleocytosis. GeneXpert testing confirmed the presence of *Mycobacterium tuberculosis* in CSF.

Treatment

Patient was started on anti-tubercular therapy (ATT), with gradual clinical improvement.

CONCLUSION

This case illustrates a rare but critical complication of abdominal tuberculosis leading to disseminated infection involving the central nervous system post-surgery. It emphasizes the importance of early recognition of neurological symptoms in patients with abdominal TB, particularly after surgical intervention, to enable timely diagnosis and treatment.