

Central nervous system tuberculosis mimicking tentorium meningioma: a rare case

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A 30-year-old immunocompetent woman had a chronic headache, without fever or other symptoms. Brain magnetic resonance (MR) images are displayed in **Figure 1A**, **Figure 1B**, **Figure 1C** and **Figure 1D**. Meningioma located in the left tentorium was the main diagnosis. After performing surgical treatment, a histopathological diagnosis of tuberculosis was made.

The most common manifestations of central nervous system tuberculosis are meningitis (95%), tuberculomas (2%), and abscesses (1%)^{1,2}. Tuberculosis mimicking meningiomas are exceptional and, in some cases, may have dural tail signs. These signs are observed on MR images as thickening of the dura mater enhanced by venous contrast that resemble a tail extending from a mass, and are generally related to meningiomas, which are the most common tumors of the meninges.

It is important to be familiar with the fact that neurotuberculosis can mimic other diseases, such as meningiomas, which should be considered as differential diagnoses³.

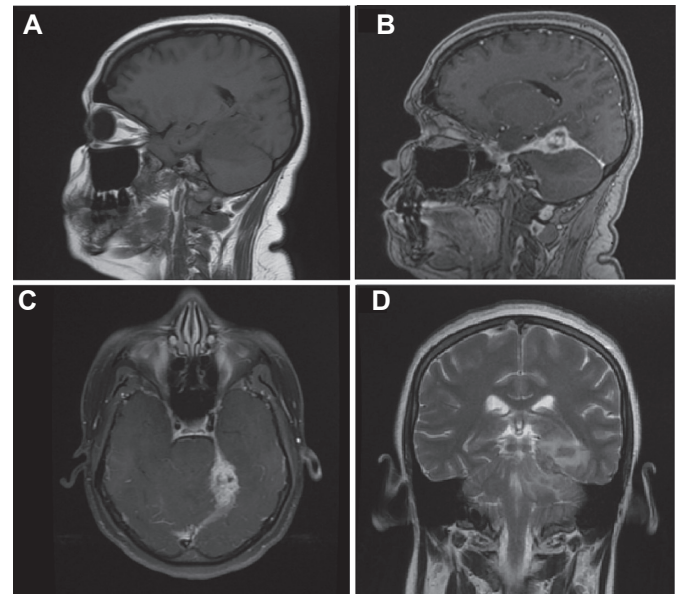


FIGURE 1: Extra-axial expansive nodular formation in the left tentorium. The lesion has predominantly low signal intensity on **A**) T1- and **D**) T2-weighted images, and **(B, C)** presents irregular and intense enhancement after intravenous contrast associated with the dural tail signal, making meningioma a challenging differential diagnosis of brain tuberculosis. Note also that a T2 hyperintense area adjacent to the lesion can be observed in the left temporal lobe and on the vermis, consistent with edema.

Conflict of interest

The authors declare that there is no conflict of interest.

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