

# Pregnancy during Treatment for Intracranial Tuberculoma Can Be Delivered by Continuing the Treatment

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Dear Editor

Central nervous system tuberculosis is one of the most severe forms of extrapulmonary tuberculosis in pregnancy, and intracranial tuberculoma has rarely been reported<sup>1)</sup>, so it is significant to report treated cases.

In this case report, a 25-year-old woman who was being treated for cerebral tuberculoma became pregnant and successfully delivered a normal baby after joint treatment by neurology and obstetrics and gynecology. A 25-year-old woman undergoing treatment for pulmonary tuberculosis was admitted to the neurology department with a chief complaint of headache. There were no neurological abnormalities other than headache. Chest X-ray revealed that her pulmonary tuberculosis had been cured. Contrast-enhanced head CT scan showed ring-shaped contrast effects in the left parietal lobe, left cerebellum, and right frontal lobe (Figure 1). The patient was diagnosed as tuberculoma and treated with rifampicin 600 mg, isoniazid 450 mg, pyrazinamide 1500 mg, and streptomycin 1 gram. However, two months later, the patient developed nausea and vomiting and was 11-12 weeks pregnant. Treatment was continued with a regimen of INH 450 mg and rifampicin 600 mg, monitored by head MRI for her intracranial tuberculoma, collaborated with her obstetrician, and finally had a child born by cesarean section who was normal and free of tuberculosis.

Extrapulmonary tuberculosis is difficult to diagnose and is still seen in large numbers in developed as well as developing countries<sup>2)</sup>. Among extrapulmonary tuberculosis, intracranial tuberculoma is a rare but serious complication<sup>3)</sup>. The patient had a history of pulmonary tuberculosis, but only chronic headache without local neurological deficits, which made diagnosis difficult, but imaging was most helpful and led to appropriate treatment. In addition, a pregnancy was discovered, and the medication needed to be adjusted<sup>4)</sup>. Streptomycin should not be given in pregnant patients due to its teratogenic effects. Rifampicin and isoniazid were continued to be administered. However, in childbirth, one should be aware of hypoprothrombinemia, which is a side effect of rifampicin, but this patient had 260,000 platelets and had no problem. The usual

duration of treatment for tuberculoma is 12 months, but it may need to be extended based on the imaging results. It is important to continue treatment while monitoring the course of the brain lesion with a head MRI, as in this case. Continuation of treatment during pregnancy can result in a healthy child. Central nervous system tuberculosis including intracranial tuberculoma is a potentially life threatening condition which is curable if the correct diagnosis is made in the early stages.

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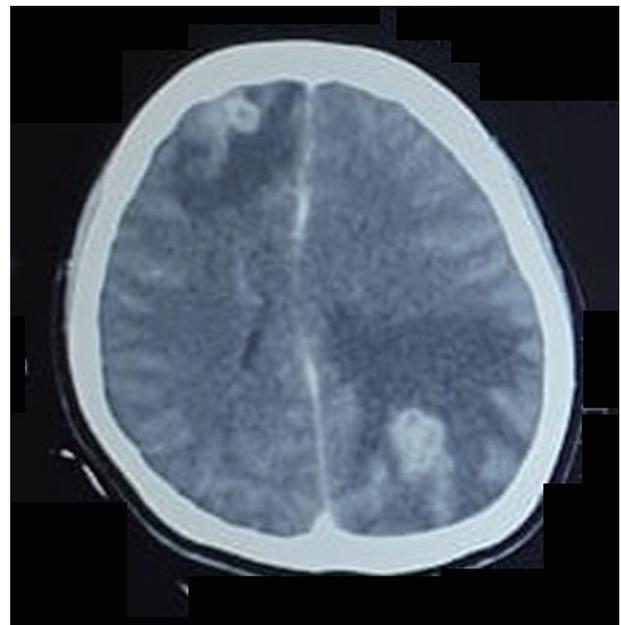


Figure 1: Contrast-enhanced head CT imaging showing multiple intracerebral tuberculoma.

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