

## P02-218 - CASE REPORT OF CEREBELLUM TUBERCULOSIS IN 40 YEARS OLD MALE IN ARDABIL

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**Background:** Tuberculoma occurs in all age groups but are encountered most often during the first three decades of life. Recognized extra cranial infection or a history of exposure to tubercle bacilli are common but not constant feature.

**Method:** Microscopically, the process of caseation culminates centrally as a core of amorphous eosinophilic substance but remains imperfect peripherally as a basophilic band of karyorrhectic debris .It is in this outer zone that tubercle bacilli are to be found in greatest abundance. The firm lamina that surrounds the caseous component consists of chronically inflamed fibrous tissue, scattered islands of lymphoid cells, granulomas & giant cells. Polymorphonuclear leukocytes predominate in some lesion. The paucity of granulomatous inflammation in rare lesions produces a similarity to the more common pyogenic abscess. Granulomatous forms of cerebritis also are seen in other mycobacterial & fungal infections, parasitic or spirochetal infection, and in idiopathic condition such as sarcoidosis, crohn disease, SLE. The only way to establish a definitive diagnosis is by biopsy.

**Results:** Signs & symptoms as headache, seizures, papilledema, hemiplegia, and cerebellar dysfunction are expressions of the lesion's destructive & expansile nature. Fever may intimate its inflammatory character. In situ the Tuberculoma is remarkable for the contrast between its hard consistency & that of juxtaposed edematous brain.

**Discussion:** Although, social & economic development lessen the incidence of brain tuberculomas, it might be a matter for the neurosurgeon which must be differentiated from abscess.