LETTER TO THE EDITOR

TUBERCULOMA OF THE BRAIN

To The Editor,

The Journal of Laryngology and Otology.

Sir,—In his article entitled "Tuberculoma of the Brain Associated with Ear Disease" (Journal of Laryngology and Otology, 1934, xlix., 8, 493) Mr. J. P. Stewart refers to cases of intracranial tuberculoma associated with tuberculous disease of the mastoid mentioned by us in a previous paper (Journal of Pathology and Bacteriology, 1933, xxxvii., 461). These cases, four in number, were not described in detail as the occasion did not arise, but it may be of some interest, in view of Mr. Stewart's communication, to describe them more fully.

The ages of these four patients were respectively 4 years, 6 months, 21 months and 16 months (two males, two females). The first three cases died of tuberculous meningitis and the fourth of miliary tuberculosis of the lungs. In the first case there was a tuberculous mass within the sella turcica and three tuberculous nodules adherent to the dura mater of the middle fossa, thought to be an extension from the tuberculous mastoid. In the second case tuberculous mastoiditis was associated with a tuberculoma in the basal ganglia of the opposite side, and in the third there were bilateral tuberculous masses in the cerebrum together with caseous mesenteric glands. Case four showed tuberculomata of the pons and cerebrum with tuberculosis of the lungs, spleen, ileum and mesenteric glands, a radical mastoid operation having been performed five months previously. All four cases exhibited irregular pyrexia and marked tachycardia whilst in hospital. In all these cases infection appears to have reached the mastoid via the blood stream.

We should also like to draw attention to some errors in Mr. Stewart's paper. We referred to 424 not 536 cases of tuberculous meningitis. We found that 75 per cent. of cases of tuberculoma died of meningitis and that in the majority of cases there are no signs of symptoms of cerebral disease prior to the onset of the meningitis; we certainly did not intend to give the impression that the remaining 25 per cent. showed localized intracranial symptoms, indeed we consider this to be uncommon and pointed out that a clinical diagnosis of intracranial tumour had only been made in 12 per cent. Again the above figure of 75 per cent. refers to all cases of intracranial tuberculoma and not, as Mr. Stewart's paper suggests (p. 499) to "ménigite en plaque tuberculeuse".

We are, Sir, Yours faithfully,

Hugh G. Garland.

32 Park Square, Leeds.

August 17th, 1934.

George Armitage.