

TUBERCULOUS POLYRADICULITIS

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Since the first documentation of a case of tuberculous polyradiculitis from Sri Lanka in 1974(1) there has been no further reports of this condition. We present two cases in whom the clinical picture resembled that of the patient described by Peiris *et al.*

SECTION A

Two patients (male, 18 yr; female 56 yr) presented with weakness of all four limbs of acute onset. In addition they had fever of more than one month and cough of more than three months. Examination revealed, in each case, flaccid weakness of all four limbs with absent or decreased tendon reflexes and sensory impairment in the distal part of the limbs. In the cerebrospinal fluid, protein was high (210 and 800 mg % respectively) with normal sugar and no cells. The chest radiographs in both cases showed evidence of bilateral chronic pulmonary tuberculosis. Anti-tuberculosis chemotherapy was instituted with rifampicin, isoniazid and streptomycin. The male patient showed signs of improvement in both the neurological and pulmonary lesions in one month and subsequently made a remarkable recovery. The female patient took her own discharge three days after the commencement of treatment and died at home.

The coexistence of pulmonary tuberculosis in the two cases and the remarkable improvement in one case with anti-tuberculosis chemotherapy are in favour of the tuberculous aetiology of the neurological lesion. The fact that these two cases were detected within two years suggests that this condition is not such a rarity in Sri Lanka.

Reference

1. Peiris, J. B., Wickramasinghe, H. R. and Chandrasekera, M. A. *British Medical Journal* 4:107 (1974).