



A tale of two LPs

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Case 1

- 46 year-old lady
- PMHx
 - Breast cancer
 - Neoadjuvant chemo with complete response
 - Left mastectomy 6 weeks ago
- Admitted x 2 weeks with worsening headache
 - CT/MRI normal
- Now has papilloedema

Case 2

- 74 year-old gentleman
- No past medical history
- Admitted with month-long pyrexia of unknown origin
 - Blood culture negative, TOE negative
 - Vasculitis screen negative
 - CT TAP: lymph nodes
 - Axillary LN biopsy: mononuclear infiltrate, no granulomas
 - Intermittently confused/drowsy
 - MRI head: lesion in L centrum semiovale ?cavernoma

TB risk factors

Case 1

- 46 year-old lady
- Recent mastectomy
- Headache, papilloedema
- Never lived abroad
- HIV negative
- No TB contacts
- No FHx TB
- CXR: no cavities

Case 2

- 74 year-old man
- PUO, some confusion
- Lymphadenopathy (axillary Bx inconclusive)
- Never lived abroad
- HIV negative
- No TB contacts
- No FHx TB
- CXR: no cavities

Lumbar puncture results

Case 1

- 46 year-old lady
- Recent mastectomy
- Headache, papilloedema
- Opening pressure $>50\text{cm}^{\text{CSF}}$
- WBC 280 (80% lymphs)
- Protein 4.45
- Glu 0.9 (serum 6.4)
- Gram/ZN stain negative

Case 2

- 74 year-old man
- PUO, some confusion
- Lymphadenopathy (axillary Bx inconclusive)
- Opening pressure not done
- WBC 80 (50% lymphs)
- Protein 3.6
- Glu 0.7 (serum 6.9)
- Gram/ZN stain negative

What would you do?

Case 1

- 46 year-old lady
 - Recent mastectomy
 - Headache, papilloedema
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- Do you think she has TBM?
 - If not, what could it be?
 - Would you treat empirically while awaiting further results?

Case 2

- 74 year-old man
 - PUO, some confusion
 - Lymphadenopathy (axillary Bx inconclusive)
-
- Do you think he has TBM?
 - If not, what could it be?
 - Would you treat empirically while awaiting further results?

What did we do?

Case 1

- 46 year-old lady
- Recent mastectomy
- Headache, papilloedema
- Advised to start RHZE + dexamethasone + liposomal amphotericin B pending transfer to us

Case 2

- 74 year-old man
- PUO, some confusion
- Lymphadenopathy (axillary Bx inconclusive)
- Advised to start RHZE + dexamethasone pending transfer to us

What did they actually have?

Case 1

- 46 year-old lady
- Recent mastectomy
- Headache, papilloedema
- CSF cytology (result arrived the day after treatment started): **Adenocarcinoma**

Case 2

- 74 year-old man
- PUO, some confusion
- Lymphadenopathy (axillary Bx inconclusive)
- Early morning urine (taken at start of admission) grew ***M tuberculosis***
- And there's a few things I didn't tell you

Case 2



Case 1



Case 2



Case 2



Case 2

- Transferred to RLUH
- RHZE
- Dexamethasone (Thwaites protocol)
- Doing well
- Awaiting rehab bed

Learning points

- General physicians may not consider TB in older, white British patients without “classical” risk factors
- Significance of miliary CT thorax similarly underplayed
- Leptomeningeal carcinomatosis: the other “Great Imitator”?

Thank you!

Any questions?