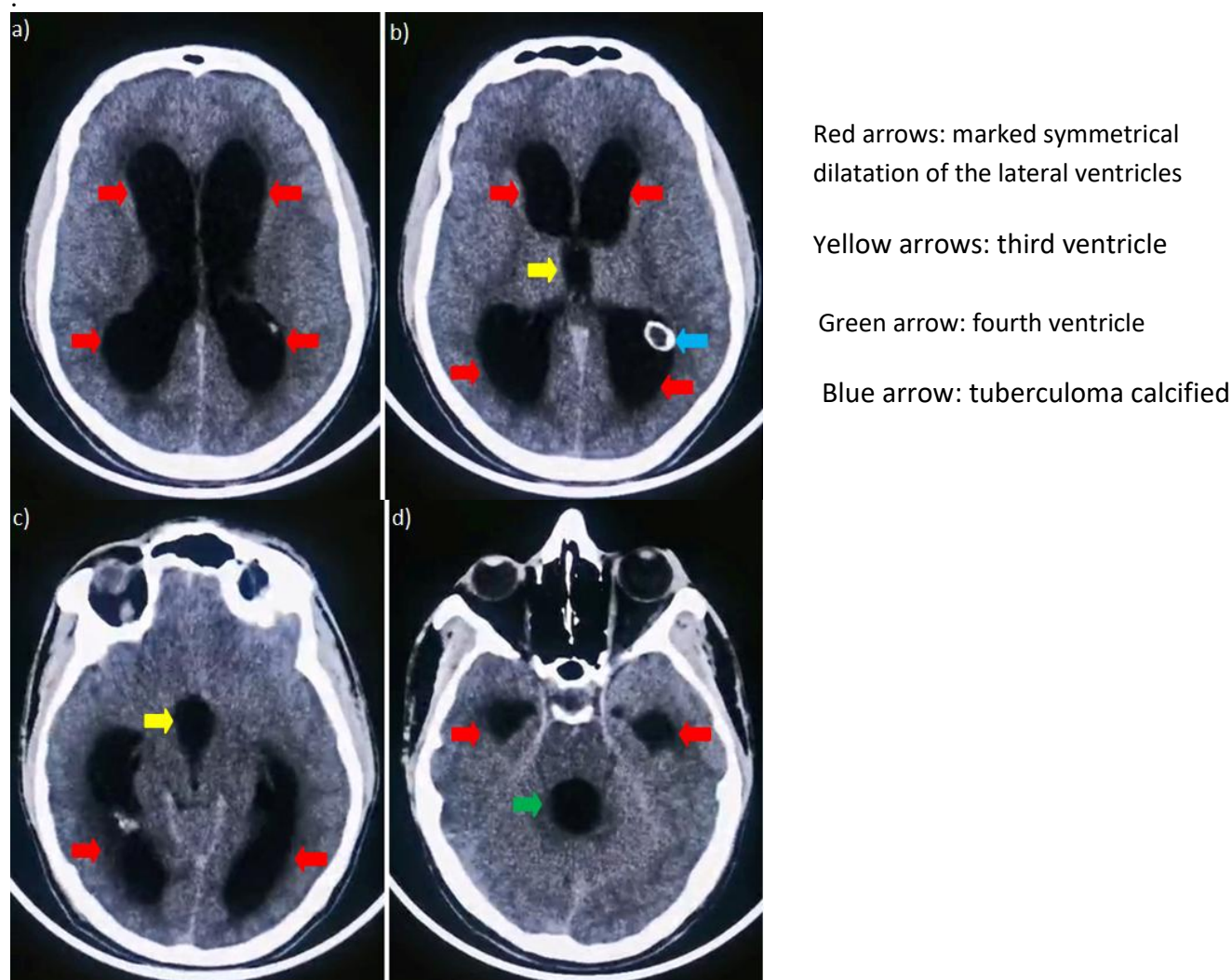


Communicating hydrocephalus as initial presentation of tuberculous meningitisButt NI¹, Ghoauri MSA²*Sri Lankan Journal of Infectious Diseases 2026 Vol.16(2):E114:1-2*DOI: <https://doi.org/10.4038/sljid.v16i2.8900>**Figure 1: CT scan of brain showing communicating hydrocephalus**¹Department of Medicine & Allied, Azra Naheed Medical College, Superior University Lahore Pakistan²Department of Neurology, Bahawal Victoria Hospital, Quaid-e-Azam Medical College Bahawalpur Pakistan

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A 35-year-old male patient presented with complaints of low-grade fever, generalised holocranial headache, blurred vision and imbalance in gait for 2 months. Non-contrast (plain) computed tomography (CT) scan of the brain demonstrated marked symmetrical dilatation of the lateral ventricles (red arrows), third ventricle (yellow arrows) and fourth ventricle (green arrow), consistent with communicating hydrocephalus, without obvious acute intracranial haemorrhage or midline shift. CSF obtained during ventriculoperitoneal (VP) shunt revealed elevated protein, reduced glucose, lymphocytic pleocytosis and a positive GeneXpert PCR-MTB, confirming the diagnosis of tuberculous meningitis (TBM). Our patient showed substantial clinical improvement by the 6-week follow-up, including resolution of fever, headache and blurred vision. He was tolerating therapy without any side effects and was advised to continue follow-ups regularly.

Communicating hydrocephalus may be the earliest manifestation of TBM presenting with headache, nausea, vomiting, visual disturbances due to papilledema, imbalance in gait, and, in the late stages, altered sensorium. Early diagnosis by neuroimaging and cerebrospinal fluid analysis is essential. Early initiation of antitubercular therapy (isoniazid, rifampicin, pyrazinamide, and ethambutol in the intensive phase, followed by the continuation phase) and corticosteroids, along with appropriate neurosurgical interventions, including VP shunt when indicated, significantly improves outcomes by preventing irreversible neurological damage resulting in reduced morbidity and mortality.

Keywords: *Mycobacterium tuberculosis, Hydrocephalus, Tuberculosis, Meningitis, Antitubercular agents, Cerebrospinal fluid shunts, Pakistan.*