

A Scalp Lump With Skull Erosion

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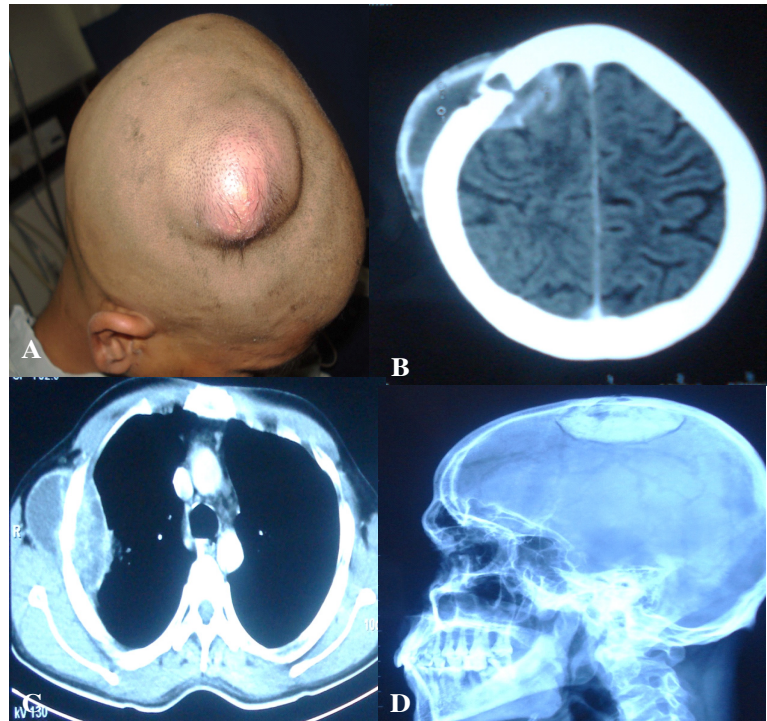


Figure 1: A) Scalp lump, B) CT scan of brain showing scalp lump with bony erosion with epidural collection, C) CT chest showing chest wall cold abscess, D) Post-op X-ray skull showing cranioplasty with bone cement

Tuberculosis of the skull (TBS) is a rare condition. The reported incidence of TB skull is 0.2-1.3% of all cases of skeletal tuberculosis. Moreover, a case of scalp cold abscess extending upto epidural space with osteolysis of underlying skull is rarer. Painless fluctuant swelling forms the commonest mode of presentation.

³A 27 year-old male patient came to our out patient clinic with a complaint of swelling on his head since 1 month back. On examination there was a cystic mass of about 8cm X 4 cm size without signs of acute inflammation over right parietal region. On further queries he revealed that he had pulmonary tuberculosis about 7-8 months back with incomplete treatment. Computed Tomography (CT) Scan of head was suggestive of cold abscess on right parietal region with underlying bone erosion and epidural collection. Similarly CT Scan of chest also revealed cystic mass on right chest wall. Complete excision of abscess with craniectomy was done. Intraoperatively, thick granulation tissue was noted over the dura. Therefore total durectomy with duroplasty and cranioplasty was performed.

Histology confirmed tuberculosis. Postoperatively ATT (Antitubercular Treatment) was started.

A soft, fluctuant swelling of the scalp with CT features of erosion of the bone and epidural collection³ without reactionary bone formation, is very characteristic of skeletal tuberculosis. Isolated calvarial tuberculosis is rare but can be seen in association with pulmonary tuberculosis, tuberculous osteomyelitis involving other bones, cervical lymphadenitis, renal and intestinal tuberculosis. The frontal and parietal bones, having greater area of diploic space and cancellous bone are more vulnerable.

Hence every cystic scalp lesion with skull involvement and epidural extension should be investigated for tuberculous etiology. It can be treated easily with early diagnosis.

References

1. Diyora B, Kumar R, Modgi R, et al. Calvarial tuberculosis: A report of eleven patients. **Neurol India** 57: 607-612, 2009
2. Patankar T, Varma R, Krishnan A, Prasad S, Desai K, Castillo M. Radiographic findings in tuberculosis of the calvarium. **Neuroradiology** 42: 518-521, 2000
3. Shahat AH, Rahman NU, Obaideen AM, et al. Cranial-epidural tuberculosis presenting as a scalp swelling. **Surg Neurol** 61: 464-466, 2004