

STANDARD OPERATING PROCEDURE

Diagnosis and Management of Tuberculous Meningitis (TBM)

Special Region (1)

Union of Myanmar

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Approved by: Internal Medicine Unit

1. Purpose

To provide a standardized protocol for diagnosis and management of TB meningitis.

2. Definition

Tuberculous meningitis is a subacute or chronic infection of the meninges caused by *Mycobacterium tuberculosis*.

3. Risk Factors

- **General:** TB exposure, diabetes, malnutrition
- **HIV-related:** CD4 <200, advanced disease

4. Clinical Features

- **Stage I:** Fever, headache
- **Stage II:** Confusion, cranial nerve palsy
- **Stage III:** Coma, seizures

5. Diagnosis

- **CSF findings:** Lymphocytic pleocytosis, high protein, low glucose
- **Microbiology:** GeneXpert preferred, AFB smear, culture
- **Biochemistry:** CSF ADA
- **Imaging:** Basal enhancement, hydrocephalus, cerebral infarct, tuberculoma and cerebral edema

CSF ADA Interpretation

- ADA <5 U/L: unlikely
- ADA 5-10 U/L: indeterminate
- ADA ≥10 U/L: suggestive
- ADA ≥15 U/L: strongly suggestive

Note: CSF ADA Sensitivity ~80-90%, Specificity ~85-95%

6. Management

Start treatment immediately if suspected because it is a medical emergency.

6.1 Anti-TB Regimen

- **Intensive phase:** HRZE (2 months)
- **Continuation:** HR (10 months)

Note: Anti-TB dosages are mentioned detailed in TB infection guideline.

6.2 Steroids

Dexamethasone IV followed by taper over 6-8 weeks.

Stage I

Week	Dexamethasone
Week 1	0.3 mg/kg/day IV
Week 2	0.2 mg/kg/day IV
Week 3	0.1 mg/kg/day IV
Week 4	Oral 4 mg per day

Week 5	Oral 3 mg per day
Week 6	Oral 2 mg per day
Week 7	Oral 1 mg per day

Stage II

Week	Dexamethasone
Week 1	0.3 mg/kg/day IV
Week 2	0.3 mg/kg/day IV
Week 3	0.2 mg/kg/day IV
Week 4	0.1 mg/kg/day IV
Week 5	Oral 4 mg per day
Week 6	Oral 3 mg per day
Week 7	Oral 2 mg per day
Week 8	Oral 1 mg per day

Stage III

Week	Dexamethasone
Week 1	0.4 mg/kg/day IV
Week 2	0.3 mg/kg/day IV
Week 3	0.3 mg/kg/day IV
Week 4	0.2 mg/kg/day IV
Week 5	0.1 mg/kg/day IV
Week 6	Oral 4 mg per day
Week 7	Oral 3 mg per day
Week 8	Oral 2 mg per day

6.3 HIV vs Non-HIV

- **Non-HIV:** Standard treatment
- **HIV:** Start ART after 4 weeks of anti-TB treatment

6.4 Raised ICP

- Serial LP, mannitol, VP shunt if needed

6.5 Seizure

- Levetiracetam preferred

7. Monitoring

Clinical daily, LFT monthly, vision monthly.

8. References

1. Xu HB et al. *J Neurol Sci.* 2023.
2. WHO TB Guidelines. 2022.
3. Marais S et al. *Lancet Infect Dis.* 2010.
4. Thwaites GE et al. *N Engl J Med.* 2004.