

### Cerebral Abscess

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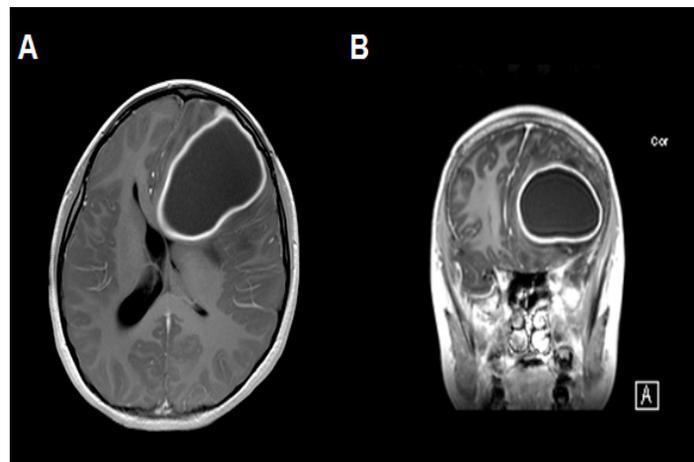
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### Case Report

Cerebral abscess remains a challenging clinical problem with substantial associated morbidity and mortality [1]. Infectious causes can be attributed to bacteria, mycobacteria, fungi, or parasites, and the reported incidence ranges from 0.4 to 0.9 cases per 100,000 population [2,3]. We present the case of an 8-year-old female with history of unrepaired atrial septal defect presented with a two-day history of increased somnolence and emesis on the day of admission. Previously, she had complained of headaches for four to six weeks. In the emergency department, diagnostic work-up including magnetic resonance imaging of the brain showed a 6.7 cm by 4.2 cm ring-enhancing lesion in the left frontal lobe with mass effect and effacement of the third ventricle (Figure). Patient underwent stereotactic-guided aspiration and 66 mL of purulent fluid was drained. Fluid culture grew *Streptococcus intermedius*. Intravenous antibiotics were administered for four weeks and patient discharged in good condition. Early diagnosis and early implementation of appropriate antimicrobial therapy can improve outcomes for patients with cerebral abscess.



**Figure:** Axial (Panel A) and coronal (Panel B) T1-weighted magnetic resonance imaging of the brain showed a 6.7 cm by 4.2 cm ring-enhancing lesion in the left frontal lobe with mass effect and effacement of the third ventricle.

### References

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