BRAIN ABSCESS AFTER STROKE-CASE REPORT
S. Xhaxho¹, H. Doci¹, J. Xhaxho¹, G. Kaloshi², R. Alimehmeti², A. Rroji³, G. Vreto³,
J. Kruja¹, M. Petrela²
¹Neurology, ²Neurosurgery, ³Neuroradiology, QSUT, Albania
sxhaxho@yahoo.com

Background: Brain abscesses can result from an infection that spreads from somewhere else in the head or that spreads from another part of the body through the bloodstream to the brain.

Objective: There are very few papers in the English literature reporting several case reports brain abscesses following ischemic stroke. We report on a patient, who developed a brain abscess subsequent to an iatrogenic systemic sepsis in the acute stage of ischemic stroke.

Patients and Methods: We review the CT and MRI scans of a 60-year-old male patient, with fever, headaches, lethargy and disorientation.

Results: This patient had been well until 2 months before when a rapid onset aphasia and weakness on his right limbs developed. A brain CT scan at that time revealed a left frontal hypodense lesion consistent with an ischemic stroke. In his 3rd day of that admission, an iatrogenic phlebitis produced hyperthermia and sepsis. He presented several episodes of hyperthermia in the following 2 months. Further radiological evaluations revealed an abscess in infarcted cerebral parenchyma. A stereotactic abscess drainage and rinse was done. Microscopic evaluation confirmed Staphylococcus aureus and treatment was changed accordingly.

Conclusion: This case illustrates that iatrogenic sepsis could be considered as a potential cause of brain abscess complicating an ischemic stroke. Taking into consideration the possibility of sepsis and brain abscess in stroke patients, we really need a high index of suspicion for cerebral abscess formation. CT or MRI scan should be recommended if fever and/or new neurological alterations are present.