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## Clinical features and outcome of 83 adult patients with brain abscess

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## Abstract

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Brain abscess continues to be a problem in neurosurgery and associates with morbidity and mortality even in the antibiotics and computed tomography (CT) era. In this study, we tried to recognize the indications of operation, effectiveness of preoperative CT scan, and antibiotic therapy in the diagnosis and treatment of these patients, and to identify the morbidity and mortality rates of adult patients with brain abscess. In a retrospective study from 1994 through 2004, we reviewed 83 adult patients with brain abscess (aged > 16 years), who had been treated medically or surgically by the authors in neurosurgical centers. Of 83 patients, 52 (63%) had infection with only *Streptococci viridans*, 13 (16%) had other types of streptococcal infections, and 13 (16%) had infections with other organisms like *Pseudomonas*, *Enterococci*, etc. Three (4%) had anaerobic infection and 2 (3%) had polymicrobial infections. Nineteen patients had paranasal and skull base sinusitis; 32 patients had mastoiditis. Five (6%) patients were treated medically. Others were treated medically and surgically (n = 78; 94%). The mortality rate was 5% (n = 4). Our data, in accord with the majority of authors, allow the conclusion that an aspiration-type operation must be performed for the diagnosis and therapy in most patients with brain abscess. Parenteral antibiotic therapy should be given for six to eight weeks, depending on the type of operation. Prognosis is favorable with early diagnosis and prompt treatment.

## Author keywords

Adults; Aspiration-type operation; Brain abscess; Brain CT scan; Brain MRI

## Indexed Keywords

EMTREE drug terms: antibiotic agent; corticosteroid

EMTREE medical terms: adolescent; adult; aged; alpha hemolytic *Streptococcus*; anaerobic infection; antibiotic therapy; article; brain abscess; clinical effectiveness; clinical feature; computer assisted tomography; controlled study; early diagnosis; enterococcal infection; female; Gram negative infection; human; major clinical study; male; mastoiditis; morbidity; mortality; outcome assessment; paranasal sinusitis; preoperative evaluation; prognosis; retrospective study; skull base; *Streptococcus* infection; surgical technique; treatment duration; treatment indication

MeSH: Adolescent; Adult; Aged; Anti-Bacterial Agents; Brain Abscess; Causality; Female; Follow-Up Studies; Humans; Male; Middle Aged; Neurosurgical Procedures; Retrospective Studies; Survival Rate; Tomography, X-Ray Computed; Treatment Outcome

Medline is the source for the MeSH terms of this document.

Chemicals and CAS Registry Numbers: Anti-Bacterial Agents

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