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Giant subdural empyema in adult

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Image in medicine

Subdural empyema (SDE) is a fairly uncommon diagnosis, accounting for only 20% of intracranial infections, the usual source for SDE is direct extension from a contiguous source, such as acute sinusitis or otitis media, although in one-fourth of cases no source of infection is found. An 18-year-old man was admitted to our Institution because of dysarthria, lethargy and fever for 2 days. His medical history was marked by chronic otitis media badly treated by self-medication with several antibiotics. The first clinical examination revealed an increased body temperature of 37.6°C, heart rate of 82 beats per minute, blood pressure 140/74mmHg and respiratory rate of 18 breaths/minute. He was disorientated, his cranial nerves were intact and his pupils were reactive, round and equal. His white cell count was 6,620 per µL. His hemoglobin was 11.1g/dL and C-reactive protein was 80mg/L. The levels of his chemistries were normal. A computed tomography (CT) scan with contrast in emergency was performed and showed an extensive subdural fluid collection in the parietal site on the left side with peripheral enhancement, a mass effect was evident with displacement of the middle line structures toward the opposite side (A). An emergent craniotomy was done to evacuate the subdural empyema (B). A cultural examination was attempted with the fluid evacuation and showed no presence of bacteroides. Ceftriaxone and metronidazole were administered for 6 weeks. The patient was improved without neurological sequalae.

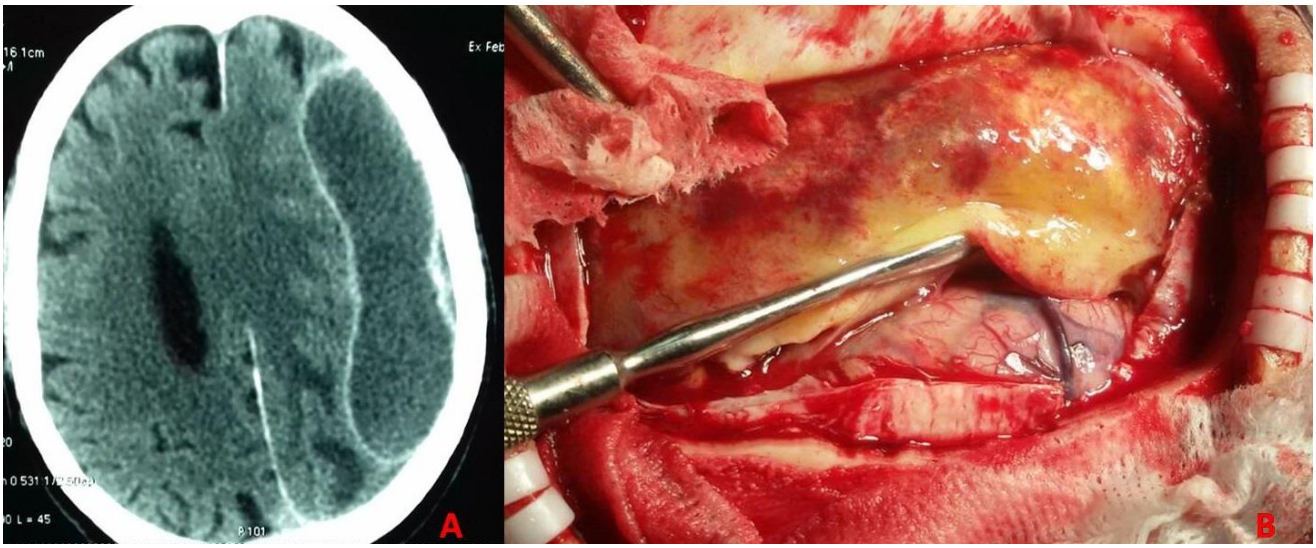

Figure 1: (A) axial cerebral CT scan cut with contrast and; (B) peroperative view of giant subdural empyema