

Epidemiología

Aunque es una complicación rara de la candidemia, es el más frecuente de los [abscesos cerebrales por hongos](#) (Burgert y col., 1995).

Más frecuente en adultos inmunodeprimidos y raro en la edad pediátrica (Baradkar y col., 2009), aunque una causa cada vez más importante de morbi-mortalidad en la unidad de cuidados intensivos neonatales.

La candidemia neonatal ocurre en un 4-15% de niños con peso extremadamente bajo al nacer.

La meningitis ocurre en 5-9% de los pacientes con candidemia, de estos un 4 % desarrolla ventriculitis o [absceso cerebral](#) (Ancalle y col., 2010).

En los casos de endocarditis se debe de tener precaución si se considera la caspofungina para el tratamiento de la endocarditis debido al riesgo de posibles focos de infección no reconocidas, como el cerebro, donde los niveles de caspofungina pueden ser inadecuadas (Prabhu y col., 2004).

Diagnóstico

Requiere un alto índice de sospecha sobre todo en pacientes inmunodeprimidos que presentan alteración de la conciencia, fiebre, déficit neurológico focal, dolor de cabeza y convulsiones.

Antes de la RM cerebral se diagnosticaba mediante TAC con contraste mostrando imágenes en anillo con realce de contraste homogéneo (Incesu y col., 1994).

La [RM-DWI](#) y las resonancias magnéticas seriadas son útiles en el diagnóstico precoz del absceso cerebral por candida y la evaluación de los resultados del tratamiento en niños prematuros (Mao y col., 2011).

La ultrasonografía puede ser útil en neonatos (Johnson y col., 193; Marcinkowski y col., 2001).

Diagnóstico diferencial

Los pacientes con aspergilosis cerebral presentan similares características clínico-patológicas. Sin embargo, la infección del tracto nasosinusal y la formación de abscesos son más comunes en la aspergilosis cerebral.

La infección del tracto digestivo se ve comúnmente en la candidiasis cerebral (Larbcharoensub y col., 2011).

Tratamiento

La escisión radical seguida de una terapia prolongada sobre la base de antifúngicos tipo fluconazol o anfotericina B (Yampolsky y col., 2010).

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