

# Blood culture for brain abscess

Two sets of **blood cultures** should be obtained, optimally prior to **antibiotic** administration.

Their reported yield is modest (14%-50%), but the potential value for identification of the organism is substantial in circumstances where collection of abscess material cannot be performed promptly or is not advisable due to the associated risks <sup>1) 2) 3) 4) 5) 6)</sup>.

Brain abscess secondary to *L. monocytogenes* may be more likely to yield positive blood cultures.

<sup>1)</sup>

Song L, Guo F, Zhang W, et al. . Clinical features and outcome analysis of 90 cases with brain abscess in central China. *Neurol Sci.* 2008;29(6):425-430

<sup>2)</sup>

Kao PT, Tseng HK, Liu CP, Su SC, Lee CM. Brain abscess: clinical analysis of 53 cases. *J Microbiol Immunol Infect.* 2003;36(2):129-136

<sup>3)</sup>

Tatteen P, Bruneel F, Clair B, et al. . Bacterial brain abscesses: a retrospective study of 94 patients admitted to an intensive care unit (1980 to 1999). *Am J Med.* 2003;115(2):143-146

<sup>4)</sup>

Tseng JH, Tseng MY. Brain abscess in 142 patients: factors influencing outcome and mortality. *Surg Neurol.* 2006;65(6):557-562; discussion 562

<sup>5)</sup>

Carpenter J, Stapleton S, Holliman R. Retrospective analysis of 49 cases of brain abscess and review of the literature. *Eur J Clin Microbiol Infect Dis.* 2007;26(1):1-11

<sup>6)</sup>

Radoi M, Ciubotaru V, Tataranu L. Brain abscesses: clinical experience and outcome of 52 consecutive cases. *Chirurgia.* 2013;108(2):215-225

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