

Brain abscess treatment

Once an abscess has formed, surgical excision or drainage combined with prolonged antibiotics (usually 4-8 weeks) remains the treatment of choice.

Early diagnosis with neuroradiological imaging, infection blood markers, and microbiological identification of the causative pathogen is crucial for treatment with surgical drainage (needle drainage for some) or excision and specific [antibiotic](#) therapy, which guarantees a good outcome and long-term survival. In fact, while prompt diagnosis and treatment guarantee good outcomes and long-term survival, morbidity and mortality are very high in case of misdiagnosis ¹⁾.

Brain abscess management

see [Brain abscess management](#).

Medical treatment

[Empiric therapy](#) of [bacterial brain abscess](#) consists of [cefotaxime](#) and [metronidazole](#) with the addition of [vancomycin](#) if [methicillin-resistant Staphylococcus aureus](#) is suspected. For severely immuno-suppressed patients, for example, transplant recipients, voriconazole and trimethoprim-sulfamethoxazole or sulfadiazine should be added. Increased knowledge of the pharmacokinetic profile of anti-infective treatments may help to improve the treatment of brain abscesses. Future studies should address the efficacy and safety of continuous abscess drainage, mode of anti-infective administration (continuous vs. bolus), and anti-infective treatments in immuno-suppressed patients ²⁾.

[Antibiotics for brain abscess](#)

Brain abscess surgery

see [Brain abscess surgery](#).

¹⁾

Rigante L, Tufo T, Scoppettuolo G, Donato C, Mangiola A. Brain abscess developing in a non-operated spontaneous intracerebral haemorrhage: a case report and literature review. Turk Neurosurg. 2013;23(6):835-9. doi: 10.5137/1019-5149.JTN.6591-12.2. PubMed PMID: 24310475.

²⁾

Bodilsen J, Brouwer MC, Nielsen H, Van De Beek D. Anti-infective treatment of brain abscess. Expert Rev Anti Infect Ther. 2018 Jul;16(7):565-578. doi: 10.1080/14787210.2018.1489722. Epub 2018 Jul 5. PubMed PMID: 29909695.

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