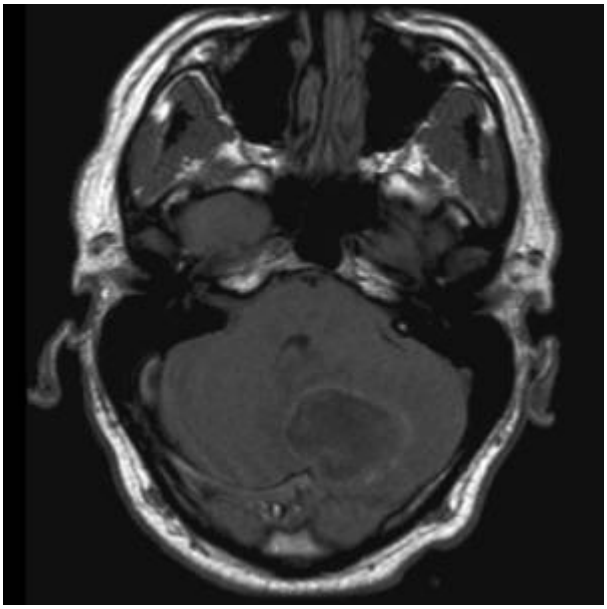
Cerebellar abscess



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Collection of pus (abscess) within the cerebellum.

see also Brainstem abscess.

Cerebellar abscesses are considered a medical emergency and require immediate medical attention.

Epidemiology

Cerebellar abscess epidemiology

Classification

Cerebellar abscesses can be classified based on different aspects, including the etiology, pathogenesis, or clinical presentation. Here are some common classifications used in the context of cerebellar abscesses:

Etiology: a. Primary: Primary cerebellar abscesses originate within the cerebellum itself, without any identifiable source of infection outside the central nervous system (CNS). b. Secondary: Secondary cerebellar abscesses arise as a result of an infection that spreads from a nearby site, such as an ear or sinus infection, dental infection, or mastoiditis.

Pathogenesis: a. Hematogenous: Hematogenous cerebellar abscesses occur when bacteria or fungi are carried through the bloodstream and reach the cerebellum, typically originating from a distant site of infection. b. Direct extension: Direct extension of infection occurs when an adjacent infected area, such as the mastoid bone or sinuses, spreads the infection to the cerebellum.

Clinical Presentation: a. Acute: Acute cerebellar abscesses present with rapid onset of symptoms, such as severe headache, fever, altered mental status, and neurological deficits. b. Chronic: Chronic cerebellar abscesses develop over a longer period and may have a more indolent course, with symptoms that gradually worsen over time. Chronic abscesses can present with a milder headache, vague neurological symptoms, or intermittent fevers.

Imaging Characteristics: a. Single abscess: Cerebellar abscesses can be solitary, involving a single well-defined area of infection. b. Multiple abscesses: In some cases, multiple abscesses can develop within the cerebellum, indicating a more extensive infection.

It's important to note that the classification of cerebellar abscesses can vary depending on the source or medical literature. The specific classification used may also depend on the context and purpose, such as research, clinical management, or communication among healthcare professionals.

Diagnosis and classification of cerebellar abscesses are typically based on a combination of clinical presentation, imaging studies (such as computed tomography or magnetic resonance imaging), microbiological analysis, and patient history.

Cerebellar tuberculosis

Etiology

In Forty-seven cases of cerebellar abscess, 93% were secondary to otogenic disease [1].

Infected intradural dermoid cyst with complete dermal sinus of posterior fossa is rare [2].

Clinical features

Clinical features are non-specific, with many cases having no convincing inflammatory or septic symptoms. Symptoms of raised intracranial pressure, seizures, and focal neurological deficits are the most common forms of presentation. Eventually, many abscesses rupture into the ventricular system,

which results in a sudden and dramatic worsening of the clinical presentation and often heralds a poor outcome.

Clinical data

Look for:

Headache

Vomiting

Comorbidity. HIV ...

Otogenic abscess

Gait ataxia

Dermoid cyst

Dermal sinus

Hydrocephalus

Microorganism

Antibiotics.

Glasgow Outcome Scale

Diagnosis

Cerebellar abscess diagnosis.

Differential diagnosis

Cerebellar hemangioblastoma

Treatment

Cerebellar abscess treatment

Case series

Cerebellar abscess case series

Case reports

see Cerebellar abscess case reports.

Case from the HGUA

A 55-year-old man attended the emergency department due to holocranial headache and neck pain accompanied by rotational dizziness, impossibility to walking with deviation to the right, and continuous nausea for 24 hours. He refers to having been on antibiotic treatment for suppurative otitis media in the last 15 days. No fever. After performing a cranial CT, he was transferred to our center for neurosurgical evaluation

A hypodense area with an air fluid level within it of approximately 4.4 cm x 3.6 cm is visualized, in the left cerebellar hemisphere, which enhances after IV contrast and causes a mass effect on the fourth ventricle and an increase in the ventricular size of the lateral horns, in relation to cerebellar abscess with secondary hydrocephalus. Content is visualized inside the left mastoid. Hypodense foci in subcortical white matter, predominantly bilateral frontoparietal, in semioval centers, corona radiata, and periventricular, nonspecific, which could be related to small vessel ischemia, being very numerous for the patient's age. Hypodense foci in the left external capsule suggest Virchow-Robin spaces vs. chronic lacunar infarction.

Findings in relation to an abscess in the left cerebellar hemisphere that causes hydrocephalus, especially of the lateral ventricles.

After evacuation by retrosigmoid craniotomy, 1 month after reoperation due to recurrence.

1)
Shaw MD, Russell JA. Cerebellar abscess. A review of 47 cases. J Neurol Neurosurg Psychiatry. 1975 May;38(5):429-35. PubMed PMID: 1151412; PubMed Central PMCID: PMC491994.
2)
Ségbédji FKK, Tokpo AJ, Nubukpo-Gumény AA, Alaoui NK, Quenum LMA, Benzagmout M, Chakour K,

Chaoui MF. Infected Intradural Dermoid Cyst with Complete Dermal Sinus of Posterior Fossa. World Neurosurg. 2018 Aug;116:219-224. doi: 10.1016/j.wneu.2018.05.011. Epub 2018 May 16. PubMed PMID: 29753895.