In twenty-nine studies of 1307 otogenic abscess cases, fifty-five percent of intracranial abscesses were found in the temporal lobe and 28% in the cerebellum [1].

see otogenic brain abscess.

Case series

Otogenic cerebral sinovenous thrombosis is an intracranial complication secondary to otogenic disease; it is rare but could be a life-threatening condition. Its management is always challenging. This study aimed to focus on clinical features, on diagnosis of this pathology and to review the most controversial aspect of management of otogenic cerebral sinovenous thrombosis. We reviewed retrospectively 10 inpatients treated with cerebral sinus thrombosis secondary to otitis between 1995 and 2020. Ten inpatients (eight males and two females) with ages ranging from 11 to 77 years were diagnosed with ontogenesis sinus thrombosis. The most commonly reported symptoms were headaches and otalgia. Five patients had mastoiditis, and 7 of the 10 patients had other concurrent complications: cerebellar abscess (three patients) and extradural empyema in two patients, retropharyngeal abscess in one patient, and meningitis in one patient. All patients were treated with broad-spectrum antibiotherapy, anticoagulation was used to treat nine patients, and surgery was required in nine patients. Nine patients had satisfactory resolution of their symptoms, but one patient had a sequel as permanent loss of visual acuity. Because of the inconspicuous clinical presentation, and the probability of a fatal evolution, suspicion is essential for a proper diagnosis and suitable treatment [2].

Case reports

a 36-year-old non-diabetic male patient with an otogenic cerebellar abscess, who presented with no cerebellar signs and unique intraoperative ossicular chain status was successfully managed by a combined approach of otolaryngology and neurosurgery, is presented in this report [3].

1)
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3)
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