

# Proteus mirabilis skull osteomyelitis

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[Otogenic lateral sinus thrombosis](#) (OLST) is almost always associated with other complications of chronic otitis media (COM) and did not present a distinct clinical expression. In our experience, OLST exhibits a benign course if the underlying disease is controlled. Mastoidectomy in combination with broad-spectrum antibiotics provided effective treatment. Anticoagulation therapy is no longer used routinely. Recanalization is rare and is independent of the use of anticoagulants.

**Objectives:** This study aimed to contribute to the understanding of the clinical aspects and evolution of OLST.

**Patients and methods:** The study investigated a retrospective case series in a tertiary teaching hospital. From 1993 to 2007, eight cases of OLST were treated. The clinical and imaging data, treatments, and outcomes were analyzed. The follow-up period ranged from a minimum of 6 months to 5 years.

**Results:** In all eight patients, the lateral sinus thrombosis was detected by imaging studies performed to evaluate complications and symptoms related to COM. Fever, headache, and cranial nerve paralysis were the main clinical manifestations associated with coexisting mastoiditis, meningitis, and cerebellar and epidural abscess. We could not identify features specific to lateral sinus thrombosis in any case. All patients underwent mastoidectomy and were given broad-spectrum antibiotics for 2 months. Four cases were anticoagulated and all eight cases experienced complete clinical recovery without sequelae <sup>1)</sup>

<sup>1)</sup>

de Oliveira Penido N, Testa JR, Inoue DP, Cruz OL. Presentation, treatment, and clinical course of otogenic lateral sinus thrombosis. Acta Otolaryngol. 2009 Jul;129(7):729-34. doi: 10.1080/00016480802399721. PMID: 18781447.

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