

Traumatic brain abscess

Prior to 1980 brain [abscesses](#) classically result from [contiguous spread](#) (extension of nearby [infection](#) in the [head](#), [penetrating head injury](#), neurosurgery), [direct trauma](#).

Treatment

[Skull base endoscopic Neurosurgery](#) in the treatment of [brain abscesses](#) has been rarely published. Moreover, [endoscopic endonasal transthemoidal approach](#) (EETA) for the treatment of brain abscess following a head trauma has been reported only in a few case reports. Tanriover et al. report the management of a patient of intracerebral abscess and reconstruction of the accompanying anterior skull base defect through an EETA. Thirty-year-old male with a frontal lobe abscess due to a penetrating skull base trauma was operated via EETA. After drainage of the abscess, dural and bony defects were repaired to prevent any recurrence. Postoperative radiological imaging revealed prominent decrease in abscess size. The patient did not need any further surgical intervention, and antibiotherapy was adequate. EETA is safe and effective in the management of brain abscesses. Skull base endoscopy provides direct visualization of the abscess cavity through a minimal invasive route, facilitates wide exposure of surrounding neurovascular structures within the operative field, and enables concurrent closure of the skull base defect ¹⁾.

¹⁾

Tanriover N, Kucukyuruk B, Erdi F, Kafadar AM, Gazioğlu N. Endoscopic Endonasal Transthemoidal Approach for the Management of a Traumatic Brain Abscess and Reconstruction of the Accompanying Anterior Skull Base Defect. J Craniofac Surg. 2015 Sep;26(6):1957-9. doi: 10.1097/SCS.0000000000002015. PubMed PMID: 26335317.

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