Anais XXXVII COMU 2018 \_

Rev Med (São Paulo). 2018;97(Suppl. 1):42.

# XXXVII COMU 2018 – Congresso Médico Universitário da FMUSP

## **Researches Classified – Panel Awards – Case Report**

#### Giant cerebral abscess in pediatric patient

### Academic authors: Gabriela de Oliveira Carvalho, Bruna Diuly Santos Costa, Cecília Braga Balsamão, Izabela Caroline Prado Gomes, Letícia Luísa Mattos

#### Academic advisor: José Gilberto de Brito Henriques

Centro Universitário de Belo Horizonte

**Introduction**: Brain abscess is a focal infection consisting of purulent collection, encapsulated in the brain parenchyma. The term "giant" has a subjective character because there is no specific definition concerning the measure of the lesion. The most common etiology includes Streptococcus, Staphylococcus, gram-negative and the first two decades of life are the most affected age group. Its pathogenesis occurs by contiguity, hematogenous or metastasis. The clinical presentation is variable and requires treatment with antibiotic therapy and possible surgical approaches. Giant abscesses are rare and rarely occur without apparent clinical manifestations.

Objective: Report a patient with a giant brain abscess who was diagnosed on a routine examination.

Case report: Observation of rare or atypical manifestations in cases of a known disease.

**Case**: A male patient with significant idiopathic hydrocephalus at birth who was treated with ventricular-peritoneal shunt (VPS). It evolves with four episodes of ventriculites. After antibiotic therapy and VPS changes, he remained stable for a long period, with significant cognitive-motor delay and epilepsy that was controlled. Control computed tomography (CT) were periodically performed and, at the age of 4, a suggestive image of large-volume abscess was observed, involving 2/3 of the intracranial space. Conservative treatment was chosen because of clinical stability and the impossibility of completing drainage of the lesion.

**Discussion**: The patient was stable and the reason for executing the CT scan was due to the control of epileptic seizures. Finding the injury was casual. Conservative treatment was the option due to the size of the abscess and the impossibility of completing drainage. The patient has been followed since 2002.

**Conclusion**: Conservative treatment has kept the child stable, as anticonvulsants are still being used. The follow-up of the patient from birth allowed the choice of the therapeutic option since the surgical approach may be more harmful due to the clinical picture.

Keywords: Giant brain abscess; Patient; Pediatric.