

中文題目：因大腸桿菌屬引起腦膿瘍-病例報告

英文題目：Brain abscess by Escherichia coli infection: a case report

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Introduction:

Although brain abscesses are relatively uncommon, they remain potentially fatal despite the evolution of neurosurgical techniques, new antibiotics, and new imaging technologies. Brain abscesses are usually caused by contiguous infections such as sinusitis or middle ear infections.

Herein we reported brain abscesses in diabetes caused by Escherichia coli (E. coli) sepsis.

Case Report:

This 81-year-old female suffered from fall down two days ago. Besides, black stool passage and cough with bloody sputum for several days were told. The esophagogastroduodenoscopy (EGD) was performed and it revealed Reflux esophagitis LA grade A. The pelvis computerized tomography (CT) was performed which revealed left femoral fracture. She was admitted to gastrointestinal (GI) ward on 15 June 2015. After admission, the pantoloc agent was given and her vital signs were monitored. She started to try diet at the ward. Anemia was found and Packed-RBC blood transfusion was given, the patient suffered from allergy and unstable vital signs. She was transferred to ICU for suspicious of transfusion-related acute lung injury (TRALI) for further care. Steroid and antibiotics were used to cover infection. Urine culture disclosed growth of Pseudomonas aeruginosa so flomoxef used to treated urinary tract infection. After her condition was improved so she was transferred to GI ward again. However, general weakness and intermittent unconsciousness and fever were developed then she was re-admitted to ICU again.

Her fever was subside but poor consciousness level, so we arranged Brain magnetic resonance imaging(MRI), it showed a lesion (44*45*35mm) at right frontal region, causing mass effect, midline shifting, and subfalcine herniation. Brain abscess with internal mild hemorrhage was diagnosed. Neurosurgery was consulted and craniotomy for removal of brain abscess, right on July, 14. The brain abscess culture showed Escherichia coli(E-coli), so we keep flomoxef use. Her consciousness was recovery in the next day after operation. Ear-nose-throat department(ENT) was consulted and mild sinusitis change in maxillary sinus, bilateral nasal cavity clear and patent. Left side weakness and persistent consciousness drowsy were developed and brain CT was repeat and radiologist suggested shift more strong antibiotics treatment. So we consult infection men and added Meropnem for infection control. Consulted neurosurgery again and favored brain abscess related left side weakness and suggested

keep antibiotics treatment. Then, she was successfully transfer to ordinary ward on 7/25 and discharged uneventfully on 8/26.

Discussion:

We experienced a rare case of a brain abscess cause by E. coli infection is very rare. Immunosuppression may contribute to the onset of intracranial E. coli abscesses. Despite the availability of new antibiotics and the development of better neurosurgical techniques, therapeutic outcomes of brain abscess showed no significant change recently, and only the presence of septic shock influenced outcome.