

## **BRAIN ABSCESS: PATHOGENESIS, DIAGNOSIS AND MANAGEMENT STRATEGIES**

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### **ABSTRACT**

Brain abscess a potentially fatal disease, in the early days diagnosed only before autopsy. Brain abscesses in human are quite uncommon, certain underlying brain pathologies serve as a nidus for abscess. Classification of brain abscess on the basis of the likely entry point of infection. Most patients are presented with: Headache (70%), nausea and vomiting (50%), seizure (25-35%), nuchal rigidity and papilledema (25%), focal neurologic deficit (50%) and fever (45% to 50%). Mortality has ranged from 8% to 25%, poor diagnostic factors included, and underlying disease. Recent advances in the diagnosis and introduction of CT and, MRI scanning have reduced the mortality, Etiologic agents of brain abscess include: Streptococci, S.aureus, Bacteriodes, enteric gram bacilli, Pseudomonas spp., H.influenzae, S.pneumoniae, L.monocytogenes, fungi and protozoa. Diagnosis of brain abscess is a multidisciplinary include: Neuroradiologist, a neurosurgeon, and infectious disease specialist. CT and MRI scanning, image directed stereotactic aspiration and craniotomy are necessary in most cases. Empiric antimicrobial therapy should be initiated on diagnosis include: Vancomycin, third generation cephalosporin, clindamycin, trimethoprim-sulfamerthoxazolemeropenem, metronidazole, fluroquinolone, and fluconazole.

**KEYWORDS:** Brain Abscess, Fungi, Antibiotic Therapy and Management