Actinomycotic Brain Abscess with Osteomyelitis Arising from Frontal Sinusitis

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This 18-year-old immunocompetent man presented with a 2-month history of intermittent fever and progressive frontal headache. He was treated for frontal sinusitis but his symptoms worsened. History revealed that he had recurrent rhinopharyngitis. On physical examination, he was alert, afebrile without focal neurological deficits but he had bilateral papilledema. Laboratory studies were normal. CT-scan demonstrated a large ring-enhancing cystic mass in the right frontal lobe with destruction of the adjacent skull and sequestrum formation (Picture 1). The abscess was surgically drained (47 mL) and cultures were positive (19 days later) for Actinomyces species. A 4-week regimen of intravenous ciprofloxacin-metronidazole was given followed by oral erythromycin for 2 months with a good outcome.

Paranasal sinus actinomycosis is an uncommon infection which remains a diagnostic challenge due to the non-specific symptoms and anaerobic growth requirements (1, 2). A prompt diagnosis is essential for appropriate treatment and to avoid bone and central nervous system extension.

References


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Picture 1. Head CT-scan revealing a large ring-enhancing cystic mass in the right frontal lobe with surrounding edema and midline shift. Note the destruction of the inner table of the frontal skull and sequestrum formation (arrow).