

Successful surgical treatment of multiple brain abscesses in a child



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Biography

Mohammed Barbarawi is working in Department of Neuro sciences Jordan University of Science and Technology. Australian Fellowship in General Surgery from The University Of Sydney, 2004. Higher Speciality in General Surgery from University Of Jordan, 1999. Jordanian Board in Neurosurgery from Jordan Medical Council, 1999. Bsc. in Medicine and Surgery from Damascus University, 1991.

Abstract

Introduction: The incidence of brain abscess varies from 1-2% of all intracranial space occupying lesions in developed countries, and up to 8% in the developing countries. 5% to 50% of all brain abscess patients harbor multiple abscesses and their detection rate has increased since the advent of CT/MRI. Though potentially curable, brain abscess remains a diagnostic and therapeutic challenge. The past 20 years have seen major advances in the diagnosis and management of brain abscesses, with a corresponding improvement in the survival rate.

Methods: In this scenario, we present a 5 year old boy, he was immunocompetent had 20 surgical brain abscesses, he underwent 7 craniotomies for aspiration or resection of the abscesses over 4 weeks.

Outcome: The boy had uneventful course and recovered well without deficits.

Conclusion: multiple brain abscesses are rare in neurosurgery practice but they really harbor a big challenge to the most experienced neurosurgeons. This study reveals the importance of instituting a standardized protocol to determine the urgency of surgical intervention in cases of multiple brain abscesses so that surgical treatment can be applied in the appropriate time period. This case also shows that rewarding results can be obtained in treating brain abscesses in children when the proper treatment method is initiated in the appropriate amount of time.

Barbarawi's Grading System

For determining the urgency of surgical intervention in patients with multiple brain abscesses

Selective Criteria:

Score	0	1	2
Abscess size (cm):	<2	>4	2-4
Abscess location	Superficial	Deep	eloquent areas
Mass effect	No mass effect	Effacement of sulci /ventricles	Midline shift
Level of consciousness GCS	13-15	8-12	<8



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