Focal meningoencephalitis and mycotic aneurysms from suspected aneurysm coil seeding

Figure 1 MRI results

MRI demonstrates vasogenic edema on T2 and multiple nodular foci of enhancement on T1 (A) with improvement after 5 days of therapy (B).

Figure 2 CT results

Three-dimensional reconstructed CT angiography shows mycotic aneurysms (arrows) in the left middle cerebral artery.

A 68-year-old woman with a left internal carotid artery aneurysm coiled 3 months previously presented with hemoptysis, fever, aphasia, and right hemiparesis. Imaging demonstrated left hemispheric nodular meningoencephalitis (figure 1A) and mycotic aneurysms (figure 2). Serum white blood cell (WBC) count was 13,000/ μ L. CSF showed 11 WBCs (76% lymphocytes), 109 red blood cells, 67 mg/dL protein, and 77 mg/dL glucose, but all other studies were negative.

A single 6-mg dose of decadron was given. Admission medications subsequently discontinued were IV acyclovir 600 mg q 8 hours and amphotericin (ABLC) 300 mg q 24 hours after 4 days and Ceftriaxone 2 g q 12 hours after several days. Because of hemoptysis, CSF results, and initial response to it, she remained on antituberculosis agents (ethambutol, pyrazinamide, isoniazid, rifampin). She was neurologically normal and afebrile in 72 hours, with improvement in her MRI (figure 1B).

This response supports an infectious etiology. The left carotid distribution makes her coil mass a likely source. Coil seeding can occur,¹ but seeded intracranial aneurysm coils are rare.

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