A 39-year-old man presented with a 2-day history of progressive right body numbness, left lateral rectus palsy, and ataxia. Brain MRI revealed a possible abscess (1 cm × 1.1 cm) in the left pons. Broad-spectrum antibiotics were started but after 4 days the patient became lethargic, with ptosis and hydrocephalus. The lesion had grown to 2.4 × 3.4 cm (figure, A and B). A stereotactic needle biopsy was performed and 3 mL of pus aspirated. Cultures revealed *Streptococcus intermedius*, a Gram-positive anaerobic bacteria. The patient received a 6-week course of ceftriaxone and metronidazole. Residual symptoms and signs included severe right facial and moderate right body numbness; rapid end point horizontal nystagmus, most prominent on leftward gaze; a component of rotary nystagmus on upgaze; and jerky, dysmetric visual pursuits in the horizontal (but not vertical) plane. The patient’s gait had a strong steppage quality but only on the right side; he was unable to attempt tandem walking.

Solitary brainstem abscesses account for only 0.5% of intracranial abscesses overall, the pons being the most common site. Few are successfully treated and a minority of these by stereotactic aspiration.1 Because of the small spaces involved, neurologic damage may progress rapidly. Aspiration seems to have been the turning point in this case.

Solitary brainstem abscess
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