A 33-year-old man presented with a 2-year history of recurrent episodes of purulent discharge from the left ear. Examination revealed eardrum perforation. CT and MRI (figures 1 and 2) suggested left otitis media and mastoiditis associated with a temporal lobe calcified otogenic brain abscess. Radical mastoidectomy and tympanoplasty were performed; however, removal of the asymptomatic calcified mass was not performed. The mass was stable at 2-year follow-up.

Figure 1: CT and MRI

(A–C) Left otitis media and mastoiditis (arrow) associated with a hyperdense mass with thick calcified rim (arrowhead) in the temporal region. (D) T2-weighted and (E, F) contrast-enhanced T1-weighted MRI show the mass was not enhanced and had a hypointense rim, suggesting calcification.

Figure 2: CT angiography confirming that the spherical mass is well-circumscribed (3 × 3 cm) and cerebral aneurysm is excluded.
Intracranial calcification resulting from brain abscess is rare. Its lack of associated neurologic symptoms was likely due to slow growth with periodic drainage through the external auditory canal, and isolation from brain from the calcified envelope.

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