A prepontine subarachnoid abscess by *Escherichia coli*

Figure 1 MRI features

MRI showed the cystic mass in the prepontine region, characterized by homogeneous hyperintensity in T1-weighted (A), T2-weighted (B), and fluid-attenuated inversion recovery (C) images. Axial (D), coronal (E), and sagittal (F) postgadolinium T1-weighted sequence did not suggest definitive enhancement, but showed a nodular hyperintensity inside.

A 53-year-old man had 6 months of intermittent fever and worsening headache, with 4/5 left hemiparesis and new unsteady gait, without other deficits. His immune status was normal, and he had self-treated with paracetamol-caffeine-aspirin powder. Two years prior he had purulent meningitis diagnosed by lumbar puncture with negative CSF culture, treated with ceftriaxone/vancomycin for 2 weeks.

Radiologic examination demonstrated a prepontine cystic mass (figure 1). Intraoperatively, the mass was purulent (figure 2); a few foam cells were seen on biopsy. Culture of fluid from the cyst revealed *Escherichia coli*. Recovery occurred after a 4-week course of meropenem.

E coli intracranial abscesses or subdural empyemas are infrequently reported.^{1,2} In our immunocompetent patient, a spontaneous prepontine subarachnoid *E coli* abscess was unanticipated.

Yanming Ren, MD,* Chao You, PhD,* Xuesong Liu, MD

*These authors contributed equally to this work as co-first authors.

From West China Hospital of Sichuan University, Chengdu, China.

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(A, B) The cystic mass had an intact capsule with purulent fluid inside (arrow). (C) Yellow matter (arrow) was observed and biopsy showed foam cells (not shown).

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Correspondence to Dr. Liu: xuesongliu98@gmail.com

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