

Clinical and radiographic resolution of multifocal brain abscesses secondary to *Fusobacterium*

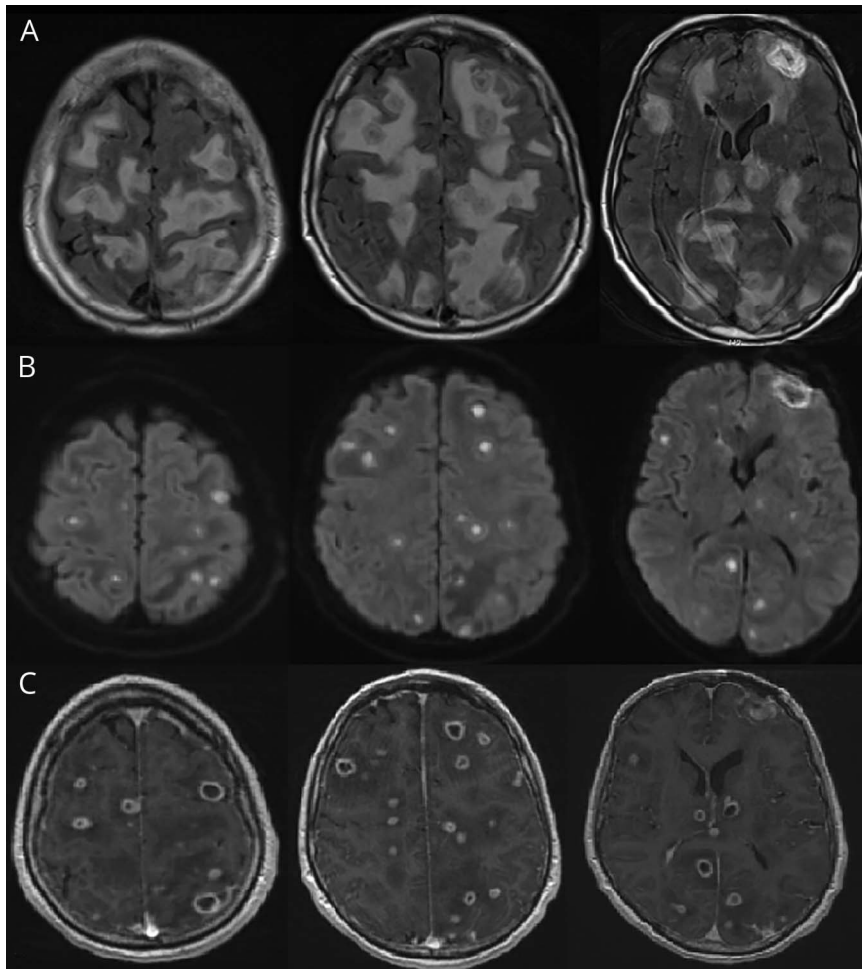
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Figure 1 MRI brain with and without contrast at initial presentation



Fluid-attenuated inversion recovery (A), diffusion-weighted imaging (B), and T1+ gadolinium (C) images of lesions concerning for abscesses at initial presentation.

A 77-year-old immunocompetent man with progressive headache and confusion was admitted. MRI revealed numerous abscesses (figure 1). CSF revealed a white blood cell count of 1,250 cells/mm³ (65% neutrophils) and negative microbial cultures. Brain biopsy showed gliosis, but no organisms. The patient was discharged on vancomycin and ceftriaxone, but his encephalopathy worsened. Repeat brain biopsy sent for universal PCR revealed *Fusobacterium sp.* Antibiotics were changed to meropenem for 2 months. Four months later (figure 2), the patient returned to working

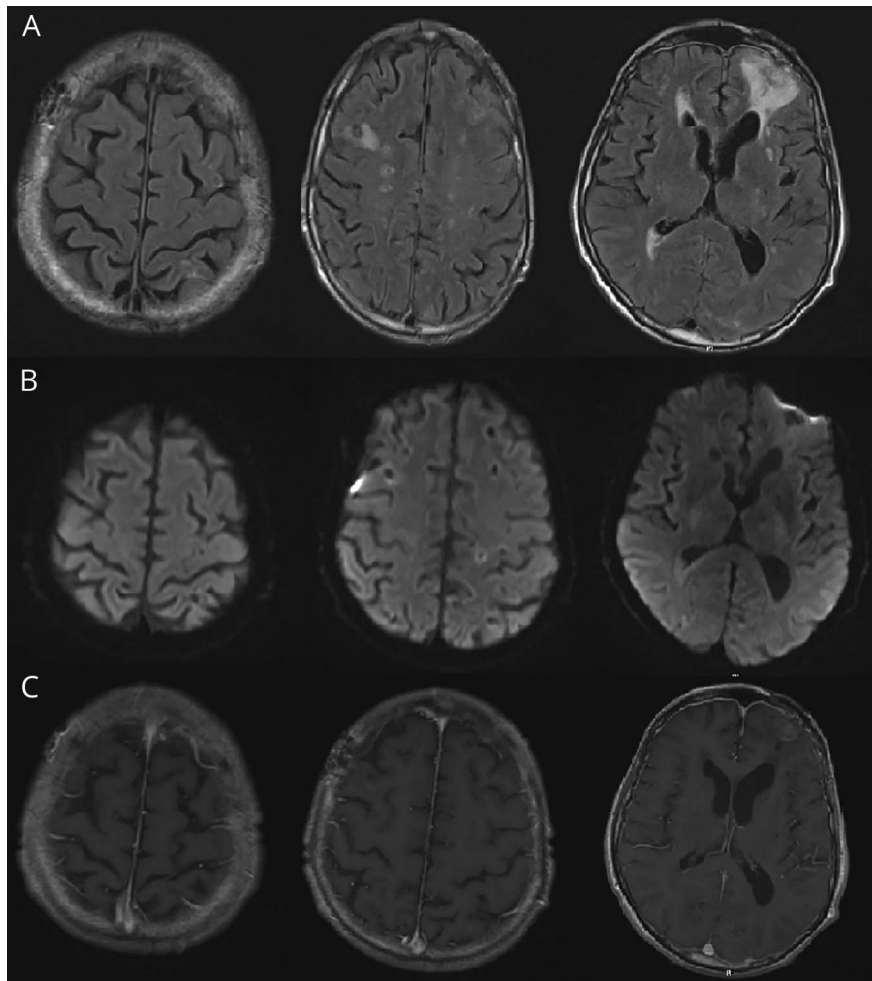
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Figure 2 MRI brain with and without contrast at 4 months of follow-up



Fluid-attenuated inversion recovery (A), diffusion-weighted imaging (B), and T1+ gadolinium (C) images showing resolution at 4 months follow-up.

as an architect. Universal PCR is complex and expensive, but it may provide increased diagnostic utility in challenging cases.¹

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Disclosures

The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

Appendix Authors

Name	Location	Contribution
Bhageeradh Mulpur, MD	Cleveland Clinic Foundation, OH	Conceptualized the report, data acquisition, analyzed the data, interpreted the data, drafted the manuscript for intellectual content

Appendix (continued)

Name	Location	Contribution
Ibrahim Migdady, MD	Cleveland Clinic Foundation, OH	Analyzed the data, interpreted the data, revised the manuscript for intellectual content
MaryAnn Mays, MD	Cleveland Clinic Foundation, OH	Analyzed the data, interpreted the data, revised the manuscript for intellectual content

Reference

1. Direct detection of bacterial pathogens in brain abscesses by polymerase chain reaction amplification and sequencing of partial 16S ribosomal deoxyribonucleic acid fragments. *Neurosurgery* 2004;55:1154–1162.

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