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CNS complications from acute sinusitis in children

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Purpose: To gain insight to the clinical presentations, diagnostic techniques, microbiological aspects, therapy and outcome of intracranial abscess secondary to sinusitis in pediatric patients

Methods: Retrospective study during a 14-year period (January, 2000- May, 2014).

Data: The medical records of all infant and children ages 0 to 18 years old whose admission or discharge diagnosis included sinusitis and intracranial abscess during the study period at both Sunrise Children's Hospital and University Medical Center of Southern Nevada were reviewed.

Results: Twenty-three patients had brain abscess secondary to sinusitis at mean age of 10.2 years old (age range: 1-17 years old). Eleven (48%) had malignant sinusitis. Most complaining of fevers (96%) and headaches (87%). 13 patients (56%) presented with central neurologic symptoms on admission. MRI was 95% sensitivity in diagnosing intracranial abscess compared to contrast computed tomography 86%.

Conclusions: Twenty pediatric cases of sinusitis with CNS complications were reviewed. Most of the patients had fever (96%), headache (87%) and 56% neurological symptoms. Intracranial abscess were detected by MRI in 95% and CT with contrast 87% only one case missed by MRI. Streptococcus species were isolated almost half of the isolate, followed by Staphylococcus species. All patients received both IV antibiotics between 5-7 weeks and surgical therapy. Twenty patients went home without neurological deficits. Two patients with hemiparesis, one patient were transferred to the other hospital.

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