Harsha Chandnani et al., J Bacteriol Parasitol 2014, 5:4
http://dx.doi.org/10.4172/2155-9597.S1.008

OMICS Group Conferences
Accelerating Scientific Discovery

2nd International Congress on
Bacteriology & Infectious Diseases
November 17-19, 2014 DoubleTree by Hilton Hotel Chicago-North Shore, USA

Septic cerebral venous sinus thromboses from malignant sinusitis

Harsha Chandnani, Sharon Joo, Marella Hudkins and Pisespong Patamasucon
University of Nevada School of Medicine, USA

Septic central nervous system (CNS) sinus thrombosis is a rare complication of extended systemic infections from the sinuses, ears, eyes, and scalp in the pediatric population. The usual predisposing condition for septic thrombosis is paranasal sinusitis. Localization of CNS sinus involvement is implicated by the source of the primary infection. For example, cavernous sinus thrombosis typically results from the paranasal sinuses, especially the frontal, ethmoid, or sphenoid sinuses, or facial cellulitis. Superior sagittal sinus thromboses arise from infections of the face, scalp, subdural space, epidural space, and meninges, while lateral sinus thromboses usually arise from otitis media and mastoiditis. It is estimated that 10 percent of children hospitalized for sinusitis develop intracranial complications such as leptomeningitis, abscesses, dural fistulas, and septic thrombosis of the cerebral venous sinuses. We are reporting two cases – an 11 year old female who presented with a 6-day history of generalized headache and nasal congestion, associated with eyelid swelling, fever, blurry vision and altered mental status, found to have malignant sinusitis and ventriculitis with cavernous sinus thrombosis, and a 15 year old male who presented with right-sided headache, fever, periorbital swelling, and vomiting, found to have periorbital abscess formation associated with subdural empyema and dural sinus thrombosis. Etiologic agents found in these cases include *Streptococcus intermedius, Streptococcus anginosis,* and *Staphylococcus aureus*. Treatment with broad-spectrum antibiotics and anti-thrombolytic agents has been successful in both cases. While clinical presentation can vary, early recognition of this complication and initiation of appropriate therapy can reduce mortality and morbidity.

Biography

Harsha Chandnani is completing his Pediatric residency at the University of Nevada School of Medicine Department of Medicine.

hchandnani@medicine.nevada.edu