

4th International Conference on

Clinical Microbiology and Microbial Genomics

October 05-07, 2015 Philadelphia, USA

Methicillin resistant *Staphylococcus aureus* brain abscess-An overview in a tertiary neuro-care centre in South India

Veena Kumari H B, Nagarathna S and Priya Vijayan
National Institute of Mental Health and Neurosciences, India

Introduction: Though advancements in imaging techniques for early diagnosis, surgical strategies and treatment, have resulted in significant improvement in the outcome of brain abscess, the latter still remains a serious life threatening central nervous system infection with worse prognosis when the infection is by resistant organism such as MRSA which limits the treatment options.

Aim: The objective of the study was to correlate and assess the microbiological and clinical aspects of MRSA brain abscess, in a national referral tertiary neurocare centre.

Methods: Retrospective data analysis of the patients with MRSA intracranial abscess infection during 2010 to 2014 was carried out. Demographic, clinical details, neurological status, predisposing factors, abscess characteristics, imaging method for diagnosis, laboratory data, surgery and treatment were considered. A total of 16 patients were included; 14 male and 2 female, ages ranged from 4 months to 60 years. The most common symptom on admission was fever (56.3%), headache (37.5%), vomiting and seizures (31.3%). The classical triad of fever, headache and vomiting was seen only in 1 case (6.3%). 81.3% had leukocytosis. 37.5% had contiguous source of infection, 12.5% had post neuro surgical infection, 6.3% had haematogenous spread and infection source was unknown in 43.8% cases.

Results: The imaging methods CT in 14(87.5%), MRI in 1(6.3%), CT and MRI in 1 case, confirmed the diagnosis. Ten patients(62.5%) had solitary abscess and 6(37.5%) had multiple abscess. 10 were treated with burrhole/twistdrill followed by tapping, 4 with craniotomy and 2 with craniectomy. 8 patients required re exploration of the abscess.

Conclusion: The treatment option was only vancomycin in 5 patients, only Linezolid in 4. There was a switch over from vancomycin to linezolid in 2 cases. 5 patients were lost to follow up discharged against medical advice before advocating MRSA. 13 had improved during discharge, 2 had not shown any improvement and 1 patient expired.

Biography

Veena Kumari HB has completed M.D Microbiology, and been serving as Additional Professor in the Department of Neuro microbiology, NIMHANS, with more than 15 years of experience in this discipline. She has more than 20 papers in reputed journals and has been serving as Member Secretary, Hospital Infection Surveillance System of the Institute.

docveenas2002@yahoo.com

Notes: