



# **Pediatric Neurology: Chapter 116. Brain abscess (Handbook of Clinical Neurology)**

*Xavier Sáez-Llorens, Javier Nieto- Guevara*

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Brain abscess is a serious and life-threatening disease among children despite advances in diagnosis and management. Changes in the epidemiology of predisposing conditions for brain abscess are associated with changes in the patient population and causative organisms. Though still a potentially fatal infection, there have been recent improvements in diagnosis, treatment, and outcome. Although mortality appears to be decreasing, a significant percentage of children continue to have residual neurological deficits, including epilepsy, permanent motor or sensory dysfunction, visual field defects, and personality change. Some children also require placement of a ventriculoperitoneal shunt. The most common origin of microbial infection in children remains direct or indirect cranial infection arising from the middle ear, paranasal sinuses, or teeth. No prospective clinical trials have compared the various surgical and medical treatment strategies available to guide the management of cerebral abscesses in children. Most surgical and medical treatment guidelines are based on populations consisting primarily of adult patients. The use of corticosteroids for treatment of brain abscess is controversial. Anticonvulsants are recommended in children who have developed seizures potentially to prevent further episodes. Duration of anticonvulsant therapy should be individualized and guided by electroencephalographic (EEG) study in the follow-up phase of disease.

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