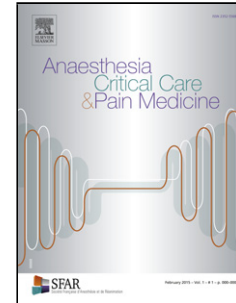


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Letter to editor

Brain abscess during pregnancy mimicking eclampsia: A diagnostic and therapeutic challenge

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Brain abscess is a life threatening condition. The estimated incidence is 0.4 to 0.9 cases per 100,000 population [1]. Rates are increased in immunocompromised patients. Few cases of bacterial brain abscesses have been described during pregnancy [2-10]. The presenting symptoms are often non-specific and include headache, seizures, confusion and focal neurologic deficits. The clinical presentation can lead to a diagnosis of confusion with eclampsia and a subsequent delay in appropriate diagnosis and management. Investigation with computed tomography (CT) and magnetic resonance imaging (MRI) may therefore provide valuable information. Early diagnosis may help to improve maternal and foetal outcome. Neurosurgical intervention and antimicrobial therapy are necessary in most cases.

A 23-year-old primigravida at 32 weeks gestation was brought to the emergency department (ED) because of a 3-day history of headache, blurry vision and epigastric pain. Her pregnancy was previously uneventful. The patient did not complain of fever, nausea, vomiting and there were no meningeal signs. Her temperature was 37.4°C, pulse was 120 b/min, blood pressure was 170/100 mmHg, and respiratory rate was 20 c/min with oxygen saturation at 96% while on room air. A urinalysis showed 2+ protein. Within ten minutes after admission, she had sudden generalized tonic-clonic seizures. The initial diagnosis was eclampsia and so a loading dose of 4 grams magnesium sulphate was given intravenously. In view of persistent postictal confusion and drowsiness, it was decided to perform an emergency caesarean section under general anaesthesia. A male newborn baby was delivered weighing 2.7 kg, with an Apgar score of 3/5/7 at 1, 3 and 5 min, respectively. The baby was transferred to the neonatal intensive care unit.

A brain CT-scan showed hypodense areas predominantly in the right parieto - occipital subcortical white matter. CT angiography showed no abnormalities. A brain MRI performed shortly after the CT-scan revealed a 26x25x21 mm mass with a high intensity T2 signal inside and a low intensity T2 signal on the margin in the right parieto-occipital lobe junction. Post contrast T1 weighted images showed uniform enhancement of the rim. The apparent diffusion

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