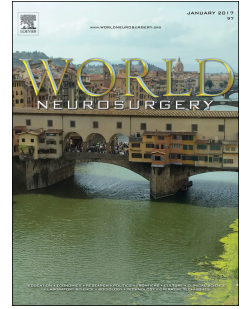


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Abscess within a glioblastoma: mimicking a matryoshka doll

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Abscess within a glioblastoma: mimicking a matryoshka doll

Abstract:

Background

Abscess co-existing within a brain tumor is a rare entity. Case reports in literature primarily consist of sellar pathology and parenchymal lesions including meningioma, glioma, and metastases. We report a case of glioblastoma with an intra-tumoral abscess in a middle-aged lady with no prior invasive procedure or systemic focus of infection.

Case description

A 45-year old lady presented with new onset generalized seizures and rapidly progressive left hemiparesis. Imaging showed right frontal necrotic lesion with peripherally enhancing wall with solid component posteriorly. There was no diffusion restriction within the lesion. She was non-toxic and there was no systemic focus of infection. With the provisional diagnosis of malignant glioma, she underwent surgical resection of the lesion. A differential of abscess, however, was considered pre-operatively because of the rapid increase in the size of the lesion. At surgery, there was a pus-filled cavity with few areas of greyish, soft, flimsy wall and thrombosed veins. This raised a strong suspicion of a co-existing abscess within a malignant glioma and was confirmed by histopathological and microbiological examination.

Conclusions

It is important for neurosurgeons to be aware of this rare entity. The treatment protocol remains controversial and is primarily guided by expert opinion. It is important to aggressively treat the patient with antibiotics followed by adjuvant therapy for malignancy. The timing and administration of adjuvant therapy are unclear. We suggest a delay of chemotherapy until at least 4 weeks of therapy with sensitive antibiotics.

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