

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Causative organisms of Brain Abscess

Mr. Sunil Bhargaw¹, Prof .Dr.Madurendra Singh Rajput²

¹Research Scholar, Malwanchal University

²Research Supervisor, Malwanchal University

Introduction

An uncommon but potentially fatal illness, a brain abscess is characterised by the accumulation of pus or other infectious material in the tissue of the brain. In most cases, bacteria are to blame for its development; however, parasites and fungi are also potential culprits. If treatment is not received for the abscess, it has the potential to cause death if it forms elsewhere in the brain. Fever, headache, nausea and vomiting, seizures, disorientation, weakness or paralysis, and changes in vision or speech may all be indicators of a brain abscess. In certain instances, there may not be any symptoms at the beginning. Imaging tests like CT scans and MRI scans, as well as a biopsy of the tissue that is affected, are often used in conjunction with one another to diagnose a brain abscess so that the underlying cause of the infection may be determined. Antibiotics, surgical drainage of the abscess, and supportive care for the management of symptoms such as seizures and swelling in the brain are the standard components of treatment for brain abscesses. The sooner and more suitable therapy that is received, the better the patient's chances of making a complete recovery, and the lower the likelihood that they may have life-threatening complications or pass away.

The categorization of creatures that are causal.

There are a wide variety of species that may cause brain abscess; however, in general, the organisms that cause brain abscess can be divided into two categories: bacteria and fungi.

Bacteria are responsible for up to 80% of all instances of brain abscess, making them the most prevalent cause of the condition. The microorganisms Streptococcus pneumoniae, Haemophilus influenzae, and Staphylococcus aureus are responsible for the majority of bacterial infections. These bacteria often enter the brain from another infection location in the body, such as the sinuses or the middle ear, and then travel through the circulation to reach the brain.

Fungi are a cause of brain abscess far less often than bacteria are, but they may still happen in individuals who have immune systems that are compromised in some way, such as those who have cancer or AIDS. Cryptococcus neoformans is the fungus that is responsible for the majority of cases of brain abscess. The lungs are the typical entry point for this fungus into the brain.

Determinants of risk

Streptococcus pneumoniae, Haemophilus influenzae, and Staphylococcus aureus are the three kinds of bacteria that are responsible for the majority of cases of brain abscesses. Nevertheless, a brain abscess may be caused by a wide variety of bacteria. Listeria monocytogenes, Pseudomonas aeruginosa, Enterobacteriaceae (such as Escherichia coli and Klebsiella pneumoniae), and anaerobic bacteria are some of the other, less prevalent bacteria that have been linked to brain abscesses.

Fungi like Cryptococcus neoformans and Candida albicans are two examples of organisms that are capable of causing brain abscesses. Abscesses in the brain may also be caused by mycobacteria, such Mycobacterium TB and Mycobacterium avium-intracellulare, for example. Brain abscesses are a complication that may arise in immunocompromised people as a result of opportunistic infections with viruses (such as herpes simplex virus or cytomegalovirus) or protozoa (such as Toxoplasma gondii).

Having an infection in another part of the body that travels to the brain is the single most critical risk factor that may lead to the development of a brain abscess. This may take place either by hematogenous dissemination from a distant site of infection or via direct extension from an adjacent focus of illness (like sinusitis) (such as endocarditis). Additional variables that might lead to the development of a brain abscess include a history of head trauma, neuro

Symptoms

There are a variety of symptoms that may be present when a person has an abscess in their brain, and these symptoms may change based on the size of the abscess as well as its location. The following are examples of some frequent symptoms:

- headache seizures
- queasy stomach and throwing up

alterations in mental state or personality, weakness or paralysis on one side of the body, and difficulty with eyesight are the symptoms of dementia.

Diagnosis

A pus accumulation that develops inside of the brain is referred to as a brain abscess. Bacteria are the organisms that are responsible for the majority of brain abscesses; however, other species, such as fungi and parasites, are also capable of causing an abscess.

The medical history of the patient and a physical examination are the first steps in diagnosing a brain abscess. If your primary care physician has reason to believe that you have an abscess, he or she will likely recommend that you undergo one or more imaging tests, such as a computed tomography (CT) scan or magnetic resonance imaging (MRI) (MRI). When the abscess has been identified, your physician will put a needle into your skull in order to collect a sample of the pus for further examination in a laboratory. A biopsy is the term used to describe this process.

Method of treatment

Prevention

Brain abscesses can be avoided, or at the at least, the likelihood of getting one may be cut down with the use of a few different preventative measures. One of the most essential things you can do is to observe proper hygiene and to abstain from coming into touch with potentially infectious substances, especially if you have a wound that is open. In the event that you do get an infection, it is critical to seek treatment as soon as possible since doing so may aid in halting the progression of the infection to the brain. Surgery may be required in some circumstances in order to remove infected tissue or drain an abscess. Last but not least, vaccines provide some measure of defence against the germs that are responsible for brain abscesses.

Complications

An abscess in the brain is a dangerous condition that may lead to a variety of consequences, including the following:

- Trauma to the brain If an abscess is not treated as soon as it is discovered, it may lead to trauma to the brain tissue.
- A stroke may occur if the abscess bursts, since this will obstruct the flow of blood to the brain and increase the risk of stroke.
- In very unusual circumstances, a brain abscess may be deadly if it is not treated expeditiously and successfully.

Prognosis

A brain abscess is a critical ailment that poses a significant risk to the patient's life and calls for immediate medical attention. The prognosis for people who have a brain abscess is contingent upon a number of circumstances. These considerations include the kind of the organism that caused the abscess, the location of the abscess, and the patient's general state of health. Nonetheless, as a general rule, hospitalisation and intensive medical treatment will be necessary for the majority of people who have a brain abscess. It may be necessary to perform surgery on certain people in order to drain the abscess. Patients diagnosed with a brain abscess have a good chance of making a full recovery if they get the appropriate medical treatment for their illness.

REFERENCE

- 1) Faraji-Rad M, Samini F. Clinical features and outcome of 83 adult patients with brain abscess. Arch Iran Med. 2007;10(3):379-282
- 2) Hakan T, Ceran N, Erdem I, Berkman MZ, Goktas P. Bacterial brain abscesses: an evaluation of 96 cases. J Infect. 2006;52(5):359–366
- 3) Jansson AK, Enblad P, Sjolin J. Efficacy and safety of cefotaxime in combination with metronidazole for empirical treatment of brain abscess in clinical practice: a retrospective study of 66 consecutive cases. Eur J Clin Microbiol Infect Dis. 2004;23(1):7–14
- 4) Song L, Guo F, Zhang W, et al.. Clinical features and outcome analysis of 90 cases with brain abscess in central China. Neurol Sci. 2008;29(6):425–430
- 5) Sarmast AH, Showkat HI, Bhat AR, et al.. Analysis and management of brain abscess; a ten year hospital based study. Turk Neurosurg. 2012;22(6):682–689