

Polymicrobial Cerebral Abscess in a Child with Uncorrected Tetralogy of Fallot

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Abstract:

Aggregatibacter aphrophilus and Beta haemolytic Streptococci Lancefield group F are part of the normal oral flora and are known to cause endocarditis, sinusitis, empyema, meningitis and septic arthritis. They are now emerging as a cause of brain abscess particularly in patients with congenital heart diseases. We report a case of a 10-year-old boy with Tetralogy of Fallot (TOF), who presented with fever, headache and drowsiness. Culture yielded the growth of Aggregatibacter aphrophilus and Beta hemolytic streptococci Lancefield group F. He became clinically stable after treatment with ceftriaxone.

The prevalence of Congenital heart diseases (CHD) in last decade is estimated to be 9 per 1,000 live births. In the three continents of Asia, Europe and North America, the highest prevalence has been found among Asian children with a CHD prevalence of 9.3 per 1,000 live births. Among the distribution of the most common eight types of CHD, the prevalence of Tetralogy of Fallot (TOF) is 5%.¹ Cerebrovascular accident and cerebral abscess are the most commonly anticipated complication in patients with uncorrected TOF.² Streptococcus milleri group is the most common microorganism of brain abscess with CHD.³ Aggregatibacter aphrophilus belongs to HACEK group and is commonly associated with infective endocarditis, however it also has pyogenic manifestations, including brain abscess

Biography:

My current position is Senior Lab Technologist in Microbiology lab in Aga Khan university hospital. Aga Khan university hospital has CAP, JCIA and ISO accreditation.



In lab we perform processing of different clinical samples and bacterial cultures. Serology, Urinalysis and parasitology are also part of routine tests.

Publication of speakers:

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2. Baltimore RS, Gewitz M, Baddour LM, Beerman LB, Jackson MA, Lockhart PB, et al. Infective endocarditis in childhood: 2015 update: a scientific statement from the American Heart Association. *Circulation* 2015; 132: 1487-515.
3. Sheehan JP, Jane Jr JA, Ray DK, Goodkin HP. Brain abscess in children. *Neurosurg Focus* 2008; 24: E6.
4. Belkacem A, Caseris M, Yazdanpanah Y. A Case of Aggregatibacter aphrophilus Multiple Abscess. *Open Forum Infect Dis* 2015; 2(2): ofv031.

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