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Multidisciplinary management and outcome in subdural empyema - a case report

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Abstract
Cranial subdural empyema (SDE), a localized septic intracranial collection, occurs mostly as a complication of sinusitis, otitis or mastoiditis. Although relatively rare, SDE requires an increased attention for early recognition, cerebral imagery being mandatory in any suspected case. Any delay in treatment can lead to coma with a fatal outcome. The authors report the case of a young boy, who developed a severe, important cerebral edema, thin subdural collection with minimal displacement of the median line. Repeated cerebral MRI showed an enlarged subdural collection with higher median line shift and imposed rapid surgical intervention. The collection proved to be empyema. Other findings on MRI are pansinusitis, mild mastoiditis and transverse sinus thromboflebitis. The recovery was accompanied by the need for long course of antibiotherapy, secondary epilepsy treatment and kinetotherapy for hemiparesis. The patient also developed intracerebral cysts expanding the brain through the postoperative cranial defect which later needed surgical intervention, for both neurological and esthetic improvement. The management of the case implied strong interdisciplinary collaboration between infectionist, neurologist, neurosurgeon, microbiologist and imagist.
Key words: ENT infections, intracranial suppuration, surgical emergency, cerebral cysts, cranioplasty, multidisciplinary approach

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