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A Case Report: Candida brain abscesses without prior documented candidemia

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Introduction: Candida brain abscess is an uncommon disease, mostly associated with immunocompromised states. Hematogenous spread is likely a frequent source for the development of Candida brain abscess, but in the cases reviewed, blood cultures revealed candidemia in only 55% of cases. We present a case of multiple Candida brain abscesses without prior documented candidemia in a diabetic patient. **Case presentation:** A 41-year-old man with a history of uncontrolled diabetes mellitus was referred to our hospital with a generalized tonic-clonic seizure. On physical examination, the patient was afebrile with blood pressure of 94/67 mmHg and a heart rate of 81 beats per minute. Neurological examination revealed drowsy and disorientation. Laboratory results revealed a white blood cell count of 7.84 mg/dl, hemoglobin of 10.0 mg/dl, and C-reactive protein of 74.4 mg/L. No microorganisms were found on two sets of blood cultures, and *Candida albicans* were obtained in urine culture, which was initially considered insignificant. Cerebral MRI revealed multi-focal rim enhancing lesions with perilesional edema in both cerebrum and cerebellum. (Figure 1) The patient was given an empiric regimen of intravenous ceftriaxone and metronidazole for suspected bacterial cerebral abscesses. For his consciousness did not improve and follow-up MRI showed increased size of abscesses after three weeks of antibiotic therapy, the patient underwent a stereotactic biopsy of the brain lesion for accurate diagnosis. Biopsy specimens were consistent with fungal hyphae and spores. (Figure 2) Antifungal agents including liposomal amphotericin B and fluconazole were given according to the antifungal susceptibility testing and clinical response, and the patient was then discharged without complications. **Conclusion:** Candiduria in Foley-catheter inserted patients is often overlooked and disregarded. Nevertheless, it may be a cause of Candida brain abscess without candidemia, as in our case patient.

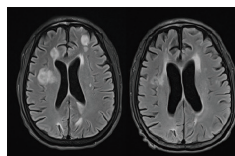


Figure 1. Two coronal T1-weighted MRI scans revealing multiple rim-enhancing lesions with perilesional edema in both hemispheres and cerebellum and (b) multicystic lesion of the brain after proper antibiotic therapy.

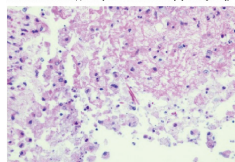


Figure 2. A piece of brain tissue containing 1.0x10⁶ CFU of *Candida albicans* and was microscopically consistent with dense fungal hyphae and spores.