

原文題目(出處):	Cerebral abscess odontogenic origin Journal of cranio-maxillofacial surgery (2007:35-63-7)
原文作者姓名:	DR. F. H. Tzerbos ; Dr. Dimitrios Rologis ; Dr. Iossif Boutsikakis
通訊作者學校 :	Department of Oral Maxillofacial Surgery Department of Neurosurgery Department of Internal Medicine and Infections control unit Metropolitan Hospital, N. Falirio, Piraeus, Greece
報告者姓名 :	intern G 許家維
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JOURNAL READING --
Cerebral abscess of odontogenic origin *J Cranio-Maxillofac Surg 2007*

Intern G 9102015 許家維

CASE REPORT

- Age : 54 y/o
- Sex : male
- S/S :
 1. right side hemiparesis
 2. epileptic fits
- Attitude toward treatment : uncooperation

- + CT scan shows cerebral abscess at **left parietal lobe**.
- + In the search for the source of infection, the head and neck area was found more suspicious.
- + ENT could find **no cause for the infection**. So the patient was referred to department of oral and maxillofacial surgery.




- + Generalized periodontal disease
- + Caries : 14 , 21 , 26 , 31 , 32 , 33 , 46
- + Apical lesion : 11 , 13 , 14 , 22 , 24 , 26 , 32 , 33 , 34 , 35 , 47
- + Total bone loss : 11 , 31 , 32 , 33 , 41 , 42 , 46
- + Calculus deposition

TREATMENT

- (1) Immediate administration of high dose intravenous antibiotics
- (2) Craniotomy and resection of abscess cavity
- (3) Removal of the periodontally diseased and decayed teeth, alveoplasty, and construction of upper and lower complete denture

TREATMENT

- * The intravenous antibiotic regimen administered for 23 consecutive days, included :
 - (1) Ceftriaxone 2000mg/vial(iv.inf) X2 per day
 - (2) Metronidazole 500mg/100ml-vial (inj.sol.inf) X4 per day
 - (3) Vancomycin 500mg/vial X2(ly.pd.iv.inf) X3 per day
- * The patient recovered uneventfully.

TREATMENT

Craniotomy and resection of abscess cavity



TREATMENT

+ After neurosurgical procedure, the intravenous antibiotic regimen administered for 34 consecutive days, included :

- (1) Ofloxacin 200mg/100ml-vial X2(inj.sol.inj) X3 per day
- (2) Teicoplanin 400mg/vial(ly.pd.inj) X2 per day

* Ceftriaxone and Teicoplanin present the following side effects :

- (1) fever (2) cholestatic jaundice, may leading to their discontinuation.

TREATMENT

- + After treatment, muscular power on the right side slowly improved over following weeks.
- + On the day of discharge the patient presented with a slight improvement of mobility and no more epileptic fits.
- + 29 months postoperatively, the patient had almost recovered from the hemiparesis.

DISCUSSION

- + The most common site of cerebral abscesses are temporal lobes(42%), and the cerebellum(30%)
- + Cerebral abscess may occurred due to (1) Cranial trauma (2) cranio-maxillofacial surgery (3) septic focus spread by direct extension or haematological route (4) dental procedure .
- + The most common aetiological organisms of cerebral abscess include : (1)Streptococci viridans (2) Bacteroides sp. (3)staphylococcus aureus (4) Actinobacillus actinomycetemcomitans
- + Oral pathogen from odontogenic infection could enter brain via haematological route, lymphatic route, or direct extension.
- + Cerebral abscess linked to a dental source is a rare occurrence because of blood-brain barrier.

DISCUSSION

- + The decision of treatment for cerebral abscess of odontogenic origin should depend on :
 - (1)the overall medical status of the patient
 - (2)the severity of dental disease
 - (3)the patients understanding of dental treatment
 - (4) good oral hygiene method

題號

題目

1 下列何者不是 black hairy tongue 之可能致病原因?

- (A) 老菸槍
- (B) 使用氧化性漱口水
- (C) HIV infection
- (D) 抗生素治療

答案(C) 出處 : Oral and Maxillofacial PATHOLOGY P13

2 下列因素中何者存在的話會增加 ORN 出現之機率(何者除外)?

- (A) 牙齒
- (B) 骨外傷
- (C) 牙周病
- (D) 抗生素治療

答案(D) 出處 : Oral and Maxillofacial Pathology P263