Fungal cerebellar tonsillar abscess as a cause of quadripareisis

Sir,

Fungal infections of the brain manifest as meningitis, granuloma, abscess. Fungal abscess occurring in the cerebellar tonsil has not been reported so far (to our knowledge). The patient presented with progressive quadripareisis due to high cervical cord compression which is uncommon.

A 35-year-old male presented with neck pain and progressive quadripareisis of two months duration. Examination revealed spastic quadripareisis with Grade 3 power with diminished sensation from C3 dermatome downwards and bladder dysfunction. Optic fundi were normal. There were no cerebellar signs. No foci of sepsis could be made out. The MRI brain showed an oval-shaped well-defined mass which was hypointense in T1-weighted image [Figure 1] and hyperintense in T2-weighted image occupying the region of midline cerebellum compressing the cervico-medullary junction [Figure 2].

Suboccipital craniectomy and removal of posterior arch of C1 was done and the mass lesion occupying the right cerebellar tonsil was exposed. Aspiration of the mass revealed purulent material. The abscess was thick-walled and was excised in toto. Histopathological examination revealed septate filaments showing acute angled branches in the background of necrotic material, suggestive of *Aspergillus* mycelia [Figure 3]. Pus was cultured in Sabouraud Dextrose agar and there was no growth till two weeks. Subsequent investigations did not reveal any immunocompromised state.

Patient was put on Tab. Itraconazole 400 mg/day orally for three months and was maintained on 200 mg/day.
This is the first report of cerebellar tonsillar abscess due to fungal etiology.

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References


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