

EXTENSIVE ODONTOGENIC BRAIN ABSCESS: CONSEQUENCE OF A FULMINANT INFECTION

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A 67-year-old female patient with type 2 diabetes mellitus, systemic arterial hypertension, hypothyroidism, and obesity was admitted to the emergency room due to an odontogenic infection in the left maxillary quadrant associated with palatal necrosis (Fig. 1-A), evolving with systemic discomfort over five days. Extraoral examination revealed facial resistance, floating point, and necrosis in the frontal region (Fig. 1-B), in addition to severe endophytitis, extrusion of the lens, and mydriatic pupils (Fig. 1-C). The patient initially evolved with agitation and later with a decrease in the level of consciousness, Glasgow 6,

requiring orotracheal intubation and use of the vasoactive drug norepinephrine. A computed tomography scan was performed, which showed changes in the orbital tissue planes (Fig. 2-A) and areas of hypodensity in the temporoparietal and left frontal regions consistent with a brain abscess, without midline deviation and with free basal cisterns (Fig. 2B and C). The patient was referred to the intensive care unit for stabilization of the condition and subsequent interventional management. However, on the fourth day of hospitalization, the patient died due to septic shock.

Figure 1 |

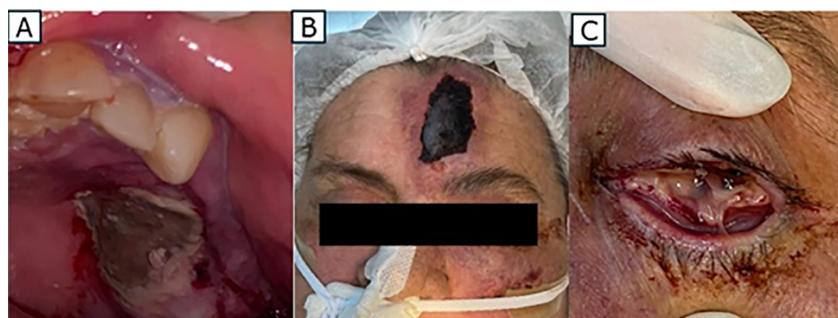


Figure 2 |

