

MY Top 5 Takes

ON A PAPER TITLED:

SWITCH FROM PARENTAL TO ORAL

ANTIBIOTICS FOR BRAIN ABSCESSSES

A RETROSPECTIVE COHORT STUDY OF
109 PATIENTS

Pyogenic brain abscess remains the most serious CNS infection and low GCS at presentation is a poor prognostic factor. Despite this, there is no international guidelines on it.



13 years

A retrospective analysis of 13-year long data was performed on patients with bacterial brain abscess (exc. Mycobacterial infection). The primary outcome was GCS level at 3 months post diagnosis.



108 patients were included (1 was excluded). Close to half (48, 44.4%) underwent oral switch after a median of 19 days of IV therapy. Of these, FQ was the most favorite agent (49%) and 79.2% received combination Rx.

Results

Patients with abnormal GCS (≤ 14) at presentation and co-morbidities were 4 to 5 times more likely to have unfavourable outcome, both in bivariate and multivariate analyses.

In comparison, majority (85.4%) of orally-switched patients showed favourable outcome and this persists in multivariate analysis



Take Home Message

In patients with brain abscess, oral-switch might be a safe option if they have:

- no comorbidities
- normal GCS at baseline