



INTRACRANIAL ABSCESS CAUSED BY BURKHOLDERIA SPP IN LUPUS PATIENT AFTER DENTAL MANIPULATION: CLINICAL CASE REPORT

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BACKGROUND

History: Endodontic infection can be indicated as a source of pathogenic microorganisms that cause brain abscesses, as well as maxillary sinusitis and hematogenous implants. Generally, these pathogens reach the brain through a hematogenous route, which is, by the angular artery, a. facial, lymphatic or direct continuity. The responsible organisms are usually from oral origin, such as anaerobes *Streptococcus viridans*, gram + such as *Staphylococcus aureus* and gram - such as *Burkholderia* spp, whose habitat is the environment and is associated with outbreaks due to contamination of antiseptics, medications, water for hemodialysis, among others. Brain abscess is a rare condition with a severe prognosis and is characterized by cerebral suppuration, occurring in 13-22% of all intracranial infectious processes. In the case of patients with Systemic Lupus Erythematosus (SLE), some authors associate disease activity as a risk factor for infections, especially when involving the kidney and / or central nervous system.

CASE REPORT

Female patient, 35 years old, caucasian, diagnosed with SLE, was hospitalized in a high complexity hospital in remission of the disease in September 2018, evolving with elevated level of anti-DNA antibodies, serositis and nephritis, for pulse therapy and clinic stabilization. During treatment gaps, the patient presented with facial edema, warmth and redness in the left temporal and masseteric region, and reported endodontic treatment on dental element 24, being referred to the ICU with septic disease (leukocytosis, tachycardia, fever, hypotension) in use of broad spectrum antibiotics. Intracranial collections, and suggestive liquorice fistula due to residual lesions were evidenced in image examination guiding ultrasound-guided drainage approach of the collection by Neurosurgery. Culture result of the collection came back evidencing *Burkholderia pseudomallei* and *B. thailandensis* growth, which are sensible to Meropenem and Minocycline. Also, Exploratory Cervicotomy and High Left Condilectomy were performed by the extension of the infected area.

CONCLUSION

Patient progressed satisfactorily well, being discharged from hospital with curative procedures and monitoring of the liquorice fistula.