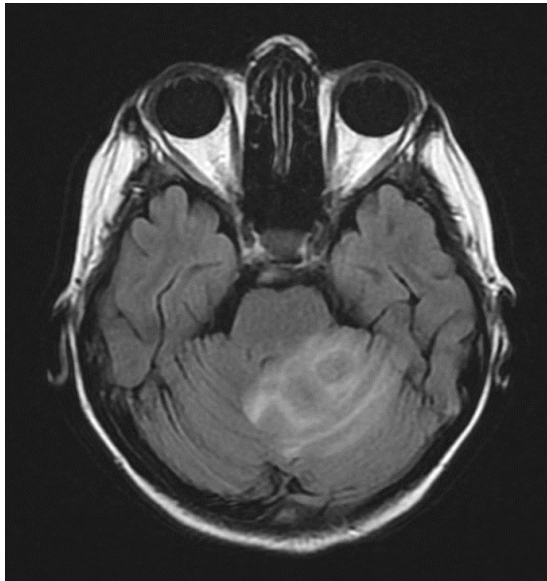


Cerebellar Abscess In A Metastatic Esophageal Cancer Patient: A Rare Entity

Bir Metastatik Özofagus Kanserli Hastada Serebellar Abse: Nadir Bir Antite

Sayın Editor;

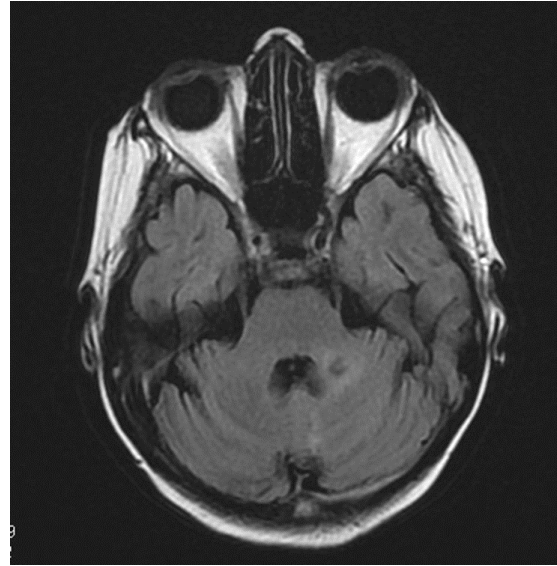
Esophageal cancer is a serious gastrointestinal system malignancy with regards to mortality and prognosis (1). In spite of the high frequency of distant metastasis to the lung, lymph nodes, liver and bone, only a few case reports of esophageal carcinoma with brain metastasis have been reported in published literature. We herein report a case of 40-year-old woman with esophageal squamous cell carcinoma, diagnosed with stage 4 disease admitted to our medical oncology outpatient department with cough and fever. She was hospitalized due to community acquired pneumonia and ampicillin-sulbactam 4x1.5 gr/day with clarithromycin 2x0.5 gr/day antibiotherapy was started. A few days later antibiotics were widened to piperacillin-tazobactam 4x4.5 gr/day because of increased infiltration at her chest radiogram. Her cough was diminished but neurological symptoms which were paraparesis and dysmetria were started. A contrast enhanced Magnetic Resonance Imaging (MRI) was performed. Cranial MRI revealed an abscess at anterior lobe of cerebellum at a size of 3.5X 2.5X 2 cm (Panel A).



Panel A. A cystic mass which strongly indicates an abscess at cerebellum. Abscess has 3,5X2,5X2 cm of diameter and it pushes the fourth ventricle. Also ventriculitis around lateral ventricles can be seen

For detection of the abscess' origin, Purified Protein Derivative (PPD) test and Quantiferon-TB test were performed. Both were negative. Transesophageal echocardiography was performed but it was also normal. Acute phase reactants like C reactive protein and procalcitonin were high. She was consulted with

department of neurosurgery for drainage and sampling of abscess. The patient's performance status and general condition was worse, neurosurgeons did not consider surgery. We consulted the patient with the division of infectious diseases and continued wide spectrum antibiotics. Two weeks after the first MRI, control MRI was performed. The control MRI revealed that the size of abscess decreased to 1X0,8X0,7cm (Panel B).



Panel B. After two weeks of antibiotic treatment the size of abscess decreased to 1X 0,8X 0,7cm. Also fourth ventricle can be seen clearly.

Her symptoms were also nearly diminished. Due to improvement of patient's clinical condition, significant reduction of the size of abscess after antibiotherapy and radiologic findings of lesion suggested that the cerebellar mass was abscess.

Brain abscess are a rare but serious complication and have been documented in cancer patients (2). Predisposing factors for brain abscess in cancer patients are infections in other sites of body, malnutrition, chemotherapeutic drugs induced immunosuppression, stage of disease and other comorbidities. Generally intracranial mass lesions are accepted as metastasis in cancer patients but abscess, arteriovenous malformations, primary Central Nervous System (CNS) tumors should be considered in differential diagnosis. By the improvement of radiological techniques, more accurate differential diagnosis can be done. As we consider in our patient, all parameters indicate a cerebellar abscess. Multidisciplinary team, including medical oncologist, neurosurgeons, infectious disease specialists should play their role in treating such patients, so that a favorable outcome can be achieved. As a rule that the first choice in the treatment of abscess is drainage and antibiotics. But when surgery cannot be performed, only systemic antibiotic therapy can be a good choice. Cerebellar abscess should be kept in mind in differential

diagnosis in esophageal cancer patients presenting with a cerebellar mass lesion in spite of metastasis.

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