Supratentorial and infratentorial brain abscess

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Dear Editor,

We would like to make the following observations, on the basis of our personal experience, in relation to the recent article by Landriel et al. [3] on supratentorial and infratentorial brain abscesses.

First, the authors include a toxoplasmosis case within the group of abscesses studied. Toxoplasmosis is a disease caused by an obligate intracellular protozoal parasite, *Toxoplasma gondii*; it is the most common cause of focal brain lesions in patients with AIDS. In this cases, the clinical, radiological and pathological characteristics are different from those of bacterial infection, and for this reason they are not usually included in the literature on brain abscesses [4].

Secondly, the authors report only six paediatric cases. In our experience and in the literature review, paediatric cases represent 15–25 % of all cases treated. Perhaps the authors could indicate if the low percentage is due to circumstances specific to their hospital catchment area [1, 2].

We are struck by the fact that the authors use so many different approaches in the treatment of brain abscess (up to 15 different antibiotic treatment protocols). Our own local protocol for initial empirical antimicrobial therapy includes a combination of vancomycin, third-generation cephalosporin and metronidazole. Between 3 and 5 days later, we either continue with the same treatment or modify it according to the literature and the results of sensitivity tests [1].

Finally, we are surprised by the low percentage of negative cultures obtained. In most of the literature, and in our own experience, negative results represent 15–30 % of all cultures [1, 2, 4]. Perhaps the authors could indicate what accounts for this low percentage.

Conflicts of interest None.

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