

Pediatric focal intracranial suppuration: a UK single-center experience

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Dear Editor:

We would like to make the following observations, on the basis of our personal experience [2, 3], in relation to the recent article by Cole et al. [1] on “Pediatric focal intracranial suppuration: a UK single-center experience.”

First, we are surprised that the two children with BA were not subjected to surgery because “two with BA did not undergo surgery; although they had solitary abscesses, the risks of surgery were perceived to outweigh the benefits.” We consider such an approach justified only if the abscess is located on the brain stem since there are many well-established, successful ways of dealing with brain abscesses (stereotactic aspiration or navigated puncture). It would be useful for the authors to explain why surgery was avoided.

Secondly, with regard to the antibiotic treatment described, we are surprised that the treatment was maintained for 14 weeks, on average. In the majority of the published series, the duration of the treatment varies between 4 and 8 weeks according to the patient’s clinical outcome and imaging monitoring [2–5]. We also note that the children who did undergo surgery, and for whom

culture material and antibiogram were therefore available, treatment was maintained for 16.9 weeks while those who were not operated, and for whom no culture material or samples were available, the treatment was maintained for only 9 weeks.

Finally, we would like to know if the authors’ hospital has an empirically based protocol for the antibiotic treatment of abscesses and subdural empyema. We believe that this is important for the proper treatment for this pathology.

References

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