

BRAIN ABSCESS SECONDARY TO LISTERIOSIS IN PREGNANCY: A CLINICAL DILEMMA

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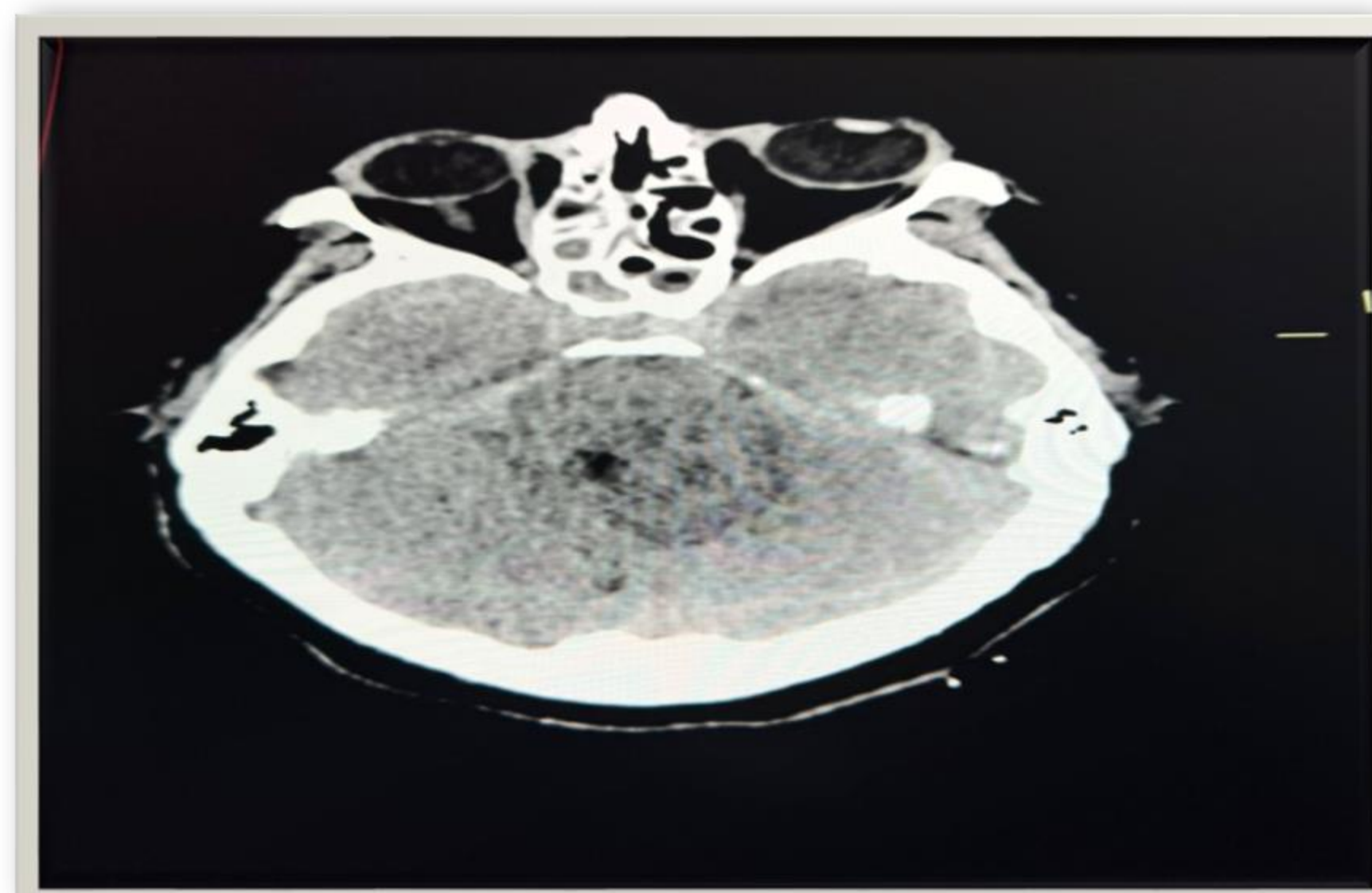
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OBJECTIVE

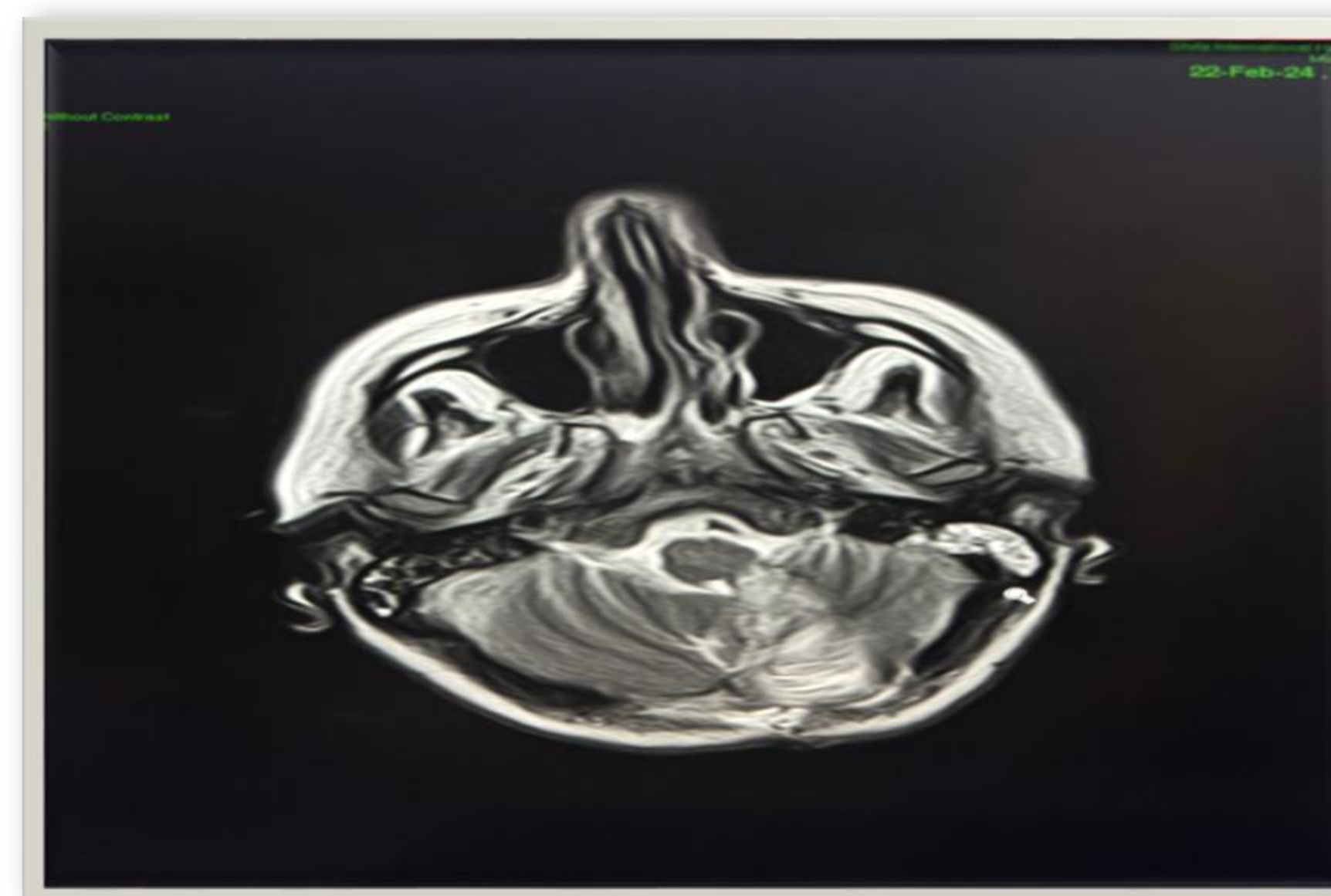
To present a rare case of maternal listeriosis complicated by cerebellar brain abscess during pregnancy, highlighting the diagnostic and therapeutic challenges and underscoring the importance of multidisciplinary management.

CASE

A 30-year-old woman at 19 weeks of gestation presented with left-sided headache, hearing loss, ataxic gait, and limb weakness. Her blood pressure was 150/95 mmHg, and baseline labs were unremarkable. Fetal anomaly scan showed a viable fetus with no abnormalities. Brain MRV revealed a solitary ring-enhancing lesion in the left cerebellar hemisphere, suggestive of an abscess. CT confirmed mass effect compressing the fourth ventricle. She received broad-spectrum antibiotics, steroids, mannitol, and hypertonic saline. A posterior fossa decompression craniotomy and external ventricular drain insertion were performed. CSF cultures grew *Listeria monocytogenes*, guiding targeted therapy. She was discharged on the 16th post operative day after a repeat CT ensured interval decrease in the lesion. By 62nd post operative day there was slow return of speech, but difficulty in swallowing and walking persisted. At 33 weeks, she underwent surgical debridement for craniotomy site infection and subsequently delivered vaginally. The neonate required NICU care but recovered well. However, the mother had persistent mild dysphagia and required assistance for ambulation. Tragically, 11 months after delivery, the mother was discovered unresponsive at home on breakfast table. Circumstantial evidence suggested aspiration or choking as the probable cause of death.



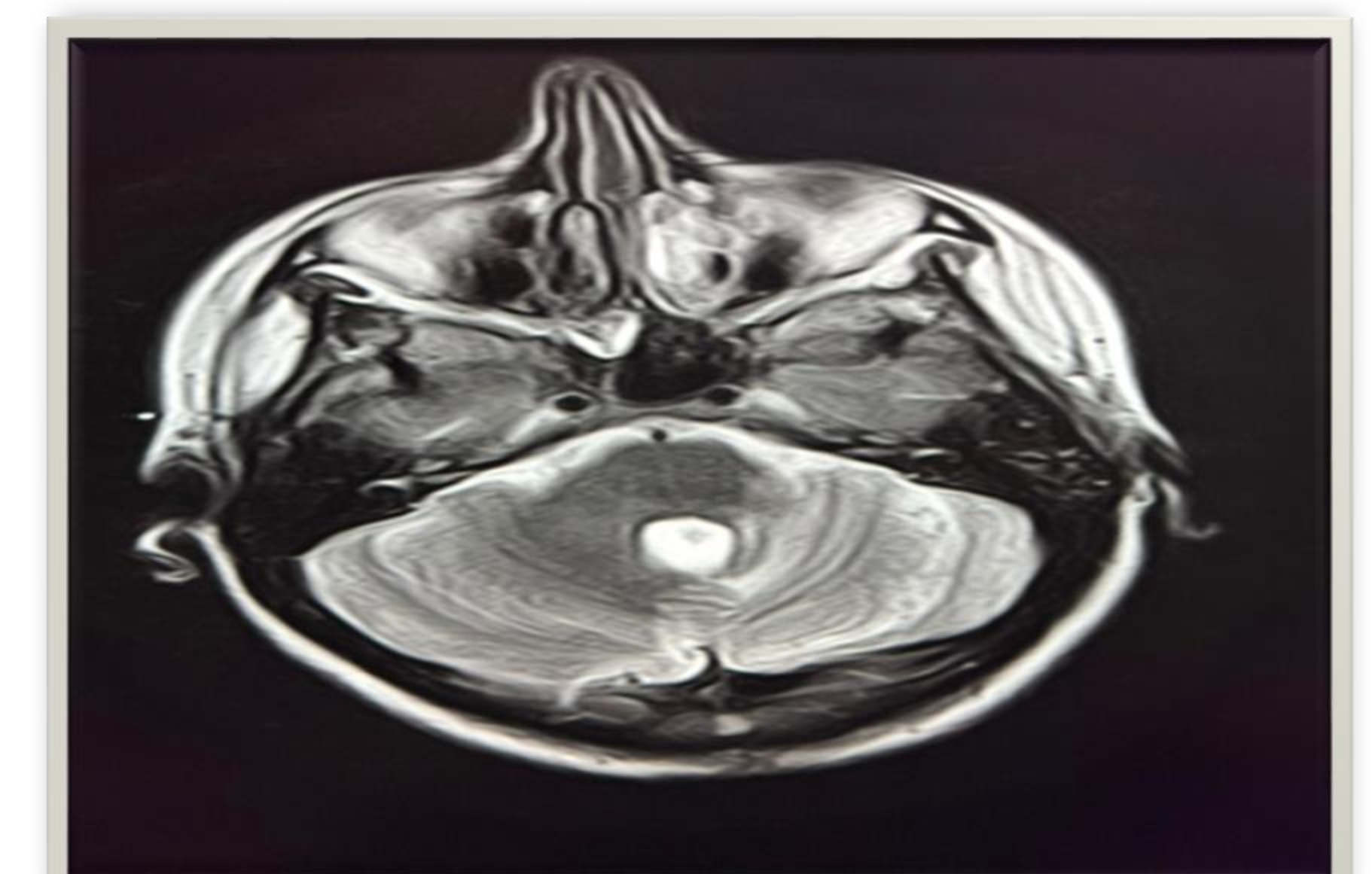
a. CT image at presentation



b. MRI at presentation



c. Post operative CT image



d. Normal MRI after 3 months

DISCUSSION

The incidence of listeriosis in pregnancy is higher than the general population¹. Early recognition, neuroimaging, and microbiological confirmation are key to diagnosis. This case illustrates the complexities in balancing maternal and foetal well-being in the context of life-threatening maternal infection. Timely neurosurgical intervention and coordinated obstetric care facilitated an initially favourable outcome, though long-term morbidity and mortality remain substantial.

CONCLUSION

The case underscores the value of prevention, early detection and multidisciplinary management of pregnancies complicated with rare infections with a strong need for recommendations to manage such cases and their long-term follow-up and rehabilitation. It is recommended that a high index of suspicion should be maintained even in case of atypical presentations.

REFERENCES

1. Ke, Y., Ye, L., Zhu, P. et al. Listeriosis during pregnancy: a retrospective cohort study. BMC Pregnancy Childbirth 22, 261 (2022). <https://doi.org/10.1186/s12884-022-04613-2>