



## **CLOT OR NOT?**

# **WHEN STROKE UNVEILS A HIDDEN INTRACRANIAL INFECTION**

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### **Introduction:**

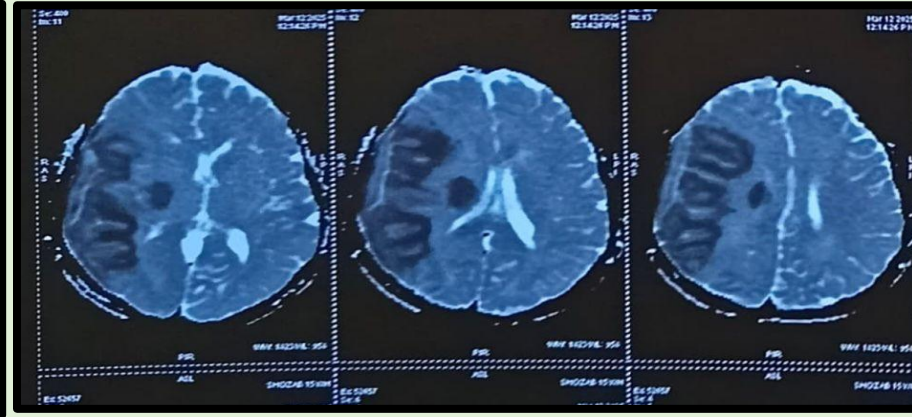
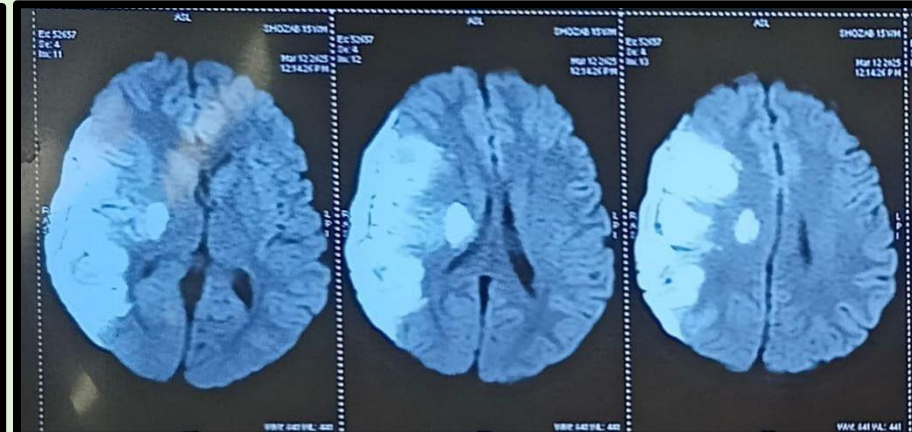
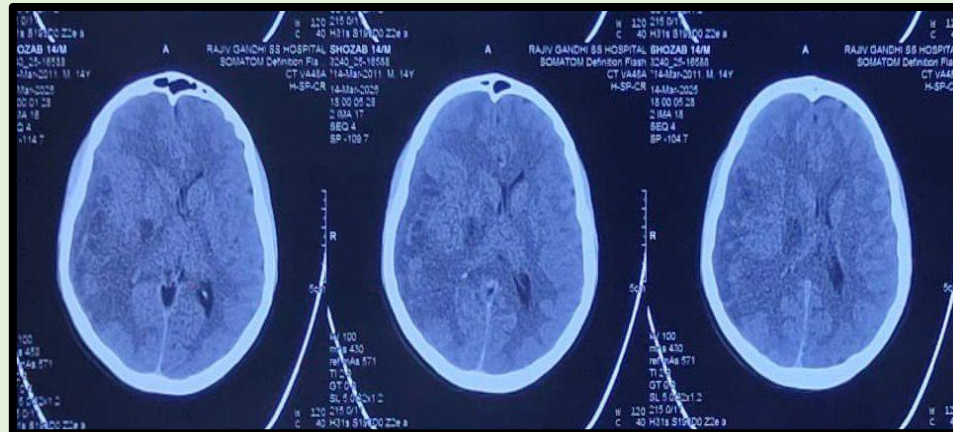
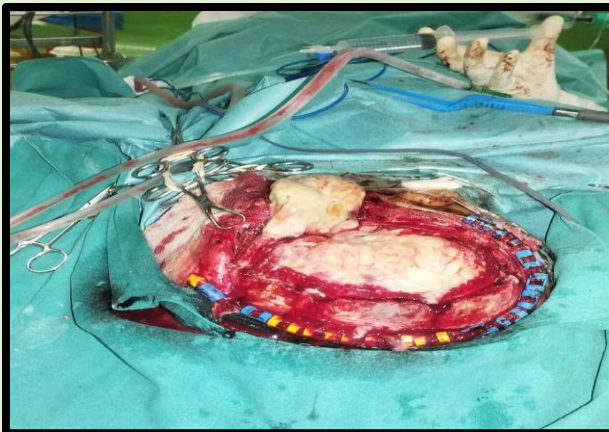
Subdural empyema is a rare but critical intracranial infection, often presenting with fever, Headache, altered mental status, or seizures. Ischemic stroke as the initial presentation is highly uncommon.

### **Aim:**

This case highlights an atypical stroke like presentation of subdural empyema in a paediatric patient, emphasizing the need for early neuroimaging in acute neurological deficits.

### **Materials and Methods:**

- ✓ 14 Y/M with 15-day headache & sudden onset left-sided weakness and facial deviation
- ✓ No fever, seizures, or trauma.
- ✓ Neuro exam: Left hemiparesis with UMN facial palsy
- ✓ MRI: Right temporoparietal subdural empyema with right MCA infarction
- ✓ CSF & blood cultures: Negative
- ✓ CECT PNS: Right Maxillary Sinusitis



## Results:

- ✓ Emergency decompressive craniectomy with drain insertion performed
- ✓ Empirical IV antibiotics started, later switched to oral antibiotics for 3 months
- ✓ No causative organism identified
- ✓ Uncomplicated hospital stay with neurological improvement with physiotherapy
- ✓ Follow-up imaging: Complete resolution of empyema and infarct

### **Discussion:**

- ☑ This case underscores how subdural empyema can mimic acute ischemic stroke, especially in younger patients where fever and classical signs of infection may be absent.
- ☑ Potential mechanisms include mass effect, venous thrombosis, or vasospasm.
- ☑ 40-78% of cases of subdural empyema in children and young adults are associated with sinusitis and autogenic infection.

### **Conclusion:**

- ☑ Not all strokes are due to ischemia. Subdural empyema can present as an ischemic event, masking a deeper pathology.
- ☑ All patients with hemiparesis and subdural empyema should undergo a thorough workup to look for sinusitis, and autogenic infection should be investigated.
- ☑ Given the rarity of subdural empyema and the variability in reporting, a precise percentage of how many patients with subdural empyema will develop an ischemic stroke is not well established in the literature and requires further research.