



An unusual case of Cerebellar Ataxia: Untreated Klebsiella Mastoiditis

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Background

Management

Discussion

Discussion

Brain abscesses are a feared complication of otologic infections and can be life-threatening^{1,2}. Etiology includes organisms such as *Proteus Mirabilis*, *Strep Milleri*, *Strep Pneumoniae*, *Staph Aureus* and rarely *Klebsiella Pneumoniae*. Predisposing factors for the *Klebsiella* species include metastatic spread, chronic otitis media, and prior neurosurgical procedures³.

CT imaging with contrast showed a right cerebellar posterior fossa mass with vasogenic edema and local mass effect. Most of his symptoms including the dysmetria and falling to one side were resolved following the emergency craniectomy and drainage.

Rehabilitation teams should carefully consider imaging in these types of patients. Suspected infections of the TMJ, Cranium, and Spine in patients with new onset or refractory ataxia, frequent history of recurrent falls, or any new or worsening neurological signs and symptoms^{4,5} should be worked up with brain imaging. This is especially true in the elderly population or in those individuals with underlying immunocompromised conditions.

Mastoiditis and infections of upper facial and lower section of the skull need to be a part of the differential diagnosis in cases of new onset falls and cerebellar symptoms.

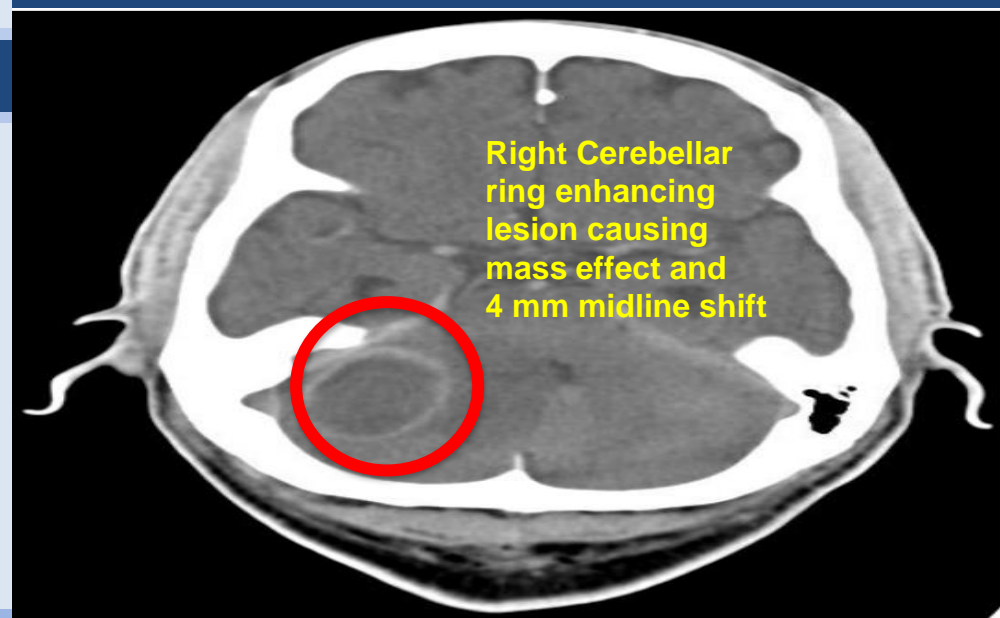
Conclusion

This case illustrates the challenges of fragmented medical care. In patients presenting with complaints of recurrent falls and ataxia, it is important to examine the TMJ, and raise suspicions of any worsening tooth or oral mucosal infections, as well as investigate any untreated ear infections. Although the patient presented multiple times to the ED with otologic and vestibular symptoms, It is important that each visit is not treated in isolation and to keep in mind that rare infections can propagate from the ear, nose and throat into the brain in patients with comorbid conditions especially in the immunocompromised, diabetics, and advanced age.

Case Description

73-yo-Male with recurrent ED visits for falls and gait disturbances presents with with nausea, headaches, unsteady gait, dysmetria, left sided sensory loss and weakness for past 3 days. His most recent fall was a few days prior. He was also hospitalized a month prior to this ED admission due to a bad fall. He also had complaints of worsening hearing loss and some ear pain for the last few months.

Brain Imaging



References

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