



## INTRODUCTION

- Fusobacterium nucleatum is an anaerobic, nonspore forming, gram-negative bacilli commonly found in soil, respiratory tracts of animals, and oropharynx of healthy populations.
- Dental plaque infections with *Fusobacterium* spp. are more common in adolescents and may lead to periodontal disease.
- Fusobacterium spp. are capable of causing invasive disease commonly associated with otitis media, tonsillitis with Lemierre syndrome, gingivitis, and oropharyngeal trauma.



Figure 1: Fusobacterium nucleatum after being cultured in liquid thioglycollate medium

## **CASE PRESENTATION**

- 16-year-old, previously healthy male, with dental braces and poor oral hygiene
- Three day history of non-specific symptoms of fevers, chest pain, and lower back pain.
- Acute development of headache, neck pain, and vomiting.

# FUSOBACTERIUM NUCLEATUM BRAIN ABSCESSES IN AN IMMUNOCOMPETENT ADOLESCENT WITH DENTAL BRACES Gavely Toor, DO, PGY-3, Kimberly Martin, DO, MPH Department of Pediatrics, University of Oklahoma School of Community Medicine, Tulsa, OK

# **CASE DESCRIPTION**

#### DIFFERENTIAL DIAGNOSIS Meningitis caused by bacterial, viral, fungal, or parasitic organisms.

### **PERTINENT STUDIES**

**CSF**: WBC 18,440 with 91% neutrophils RBC 1,260, Glucose 34, Protein 222 No growth in pre-treated culture.

### **MRI Brain**:



- reviewed by national experts.

Negative Serum serology for Neurocysticercosis Normal Fungal and Immune studies.

### **CSF 16s PCR Analysis**: Fusobacterium nucleatum

#### FINAL DIAGNOSIS

Cerebral abscesses caused by *Fusobacterium* nucleatum.

### TREATMENT

- Triple antibiotic therapy with ceftriaxone, vancomycin, and metronidazole for 8 weeks
- Repeat MRI Brain during and after antibiotic therapy

Numerous ring-enhancing lesions concerning for multiple cerebral abscesses versus Neurocysticercosis.

Imaging inconsistent with Neurocysticercosis as

# **DISCUSSION & REVIEW**

- secondary to patient's poor oral hygiene.
- **Repeat CSF analysis:** Significant improvement in pleocytosis (WBC 169)
- **Repeat MRI Brain**: Decreased size of ringenhancing lesions. No new lesions identified.
- brain.

## CONCLUSION

Due to this uncommon cause of brain abscesses, F. nucleatum's role in causing disseminated disease in healthy populations should be further investigated.

# REFERENCES

Han YW. Fusobacterium nucleatum: a commensal-turned pathogen. Curr Opin Microbiol. 2015;23:141–147. doi:10.1016/j.mib.2014.11.013 Jacinto RC, Montagner F, Signoretti FG, et al. Frequency, microbial interactions, and antimicrobial susceptibility of Fusobacterium nucleatum and Fusobacterium necrophorum isolated from primary endodontic infections. J Endod 2008; 34(12):1451–1456

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Dissemination of the organism to the brain was likely caused by underlying periodontal disease



There is very limited data available to identify the role of *Fusobacterium spp.* in dissemination to the