64 y/o female accepted in transfer to the Neurology Critical Care Service at a Level 1 Trauma Center

- Presented with altered mental status, fever, headache, confusion, nausea, vomiting, and diarrhea
- CT imaging of the head was concerning for intracranial hemorrhage and hydrocephalus
- Intubated and sedated for GCS < 8 on admission
- Abdomen obese and distended
- Pertinent laboratory studies: WBC 18.7, INR 1.2

- Additional imaging was performed:
  - CT chest/abdomen/pelvis significant for: (Figure 1)
    - Presence of numerous scattered sigmoid diverticulosis with mural thickening
    - Pre-sacral fluid collection with peripheral enhancement and internal gas
  - MRI/MRA brain significant for: (Figure 2)
    - Frontal periventricular intra-axial abscess
    - Surrounding edema and mass effect
    - Meningitis and ventriculitis

- Bilateral externalized ventricular drains by Neurosurgery
  - Thick purulent drainage
  - Cultures positive for Streptococcus intermedius
  - Antibiotic therapy with Ceftriaxone & Metronidazole

General surgery evaluation revealed concerns for perforated diverticulitis versus perforated malignancy
- Exploratory laparotomy and Hartmann procedure
- Cultures positive for Enterococcus faecium
- Final pathology: perforated diverticula and pericolonic abscess without evidence of dysplasia or malignancy

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