**The Deadly Reverse Flow: Cerebral Abscess as a Terminal Neurological Sequalae in Eisenmenger Syndrome**

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| **Introduction**  Eisenmenger syndrome is a life-threatening manifestation of uncorrected congenital heart disease that initially causes a left to right shunt induces severe pulmonary arterial hypertension and eventually, results in reversal of the direction of shunting and cyanosis. Although cerebral abscess is a known complication, there are only 10 cases reported.  **Case description**  A 43-year-old female with Eisenmenger syndrome, double outlet right ventricle, and ventricular septal defect presented with altered sensorium followed by obtundation for a day. She had history of left sided upper and lower limb weakness for the past week associated with reduced oral intake and fever. She was tachycardic, cyanosed, severely hypoxic with 50 breaths/min and saturation of 63% in room air. Her temperature recorded 39 °C. On examination, her Glasgow Coma Scale score was E1V1M4. Cardiovascular examination revealed pansystolic murmur loudest at lower sternum. Her power over both left upper and lower limb was 0/5. She was intubated and mechanically ventilated, and resuscitation was instituted. Contrasted computed tomography was performed which demonstrated right parietal multilobulated hypodense mass measuring 3.4 X 3.5 cm associated with midline shift, mass effect, vasogenic oedema, hydrocephalus, and cerebritis. Empiric intravenous ceftriaxone was initiated. Patient was subsequently referred for surgical procedure. In emergency department, patient required escalating dose of inotropes. Despite intense resuscitation, patient succumbed due to refractory septic shock and multi-organ failure.  **Discussion**  The pathophysiology of cerebral abscess in Eisenmenger syndrome is linked to a higher risk of paradoxical embolization-induced cerebral embolic events, which can result in the development of meningoencephalitis, intracranial abscesses, or mycotic aneurysm. Reversal of the shunt permitted blood to bypass the pulmonary macrophages. Abscesses > 2.5 – 3cm recommended for surgical intervention Only three cases of isolated organisms have been documented; two of these cases include Streptococcus anginosus, and one involves Propionibacterium propionicum.  **Conclussion**  We would like to highlight the rare occurrence of cerebral abscess associated with Eisenmenger syndrome that warrants prompt diagnosis and surgical intervention to improve patient outcomes. |

**Keywords:** Eisenmenger syndrome, congenital heart disease, cerebral abscess.