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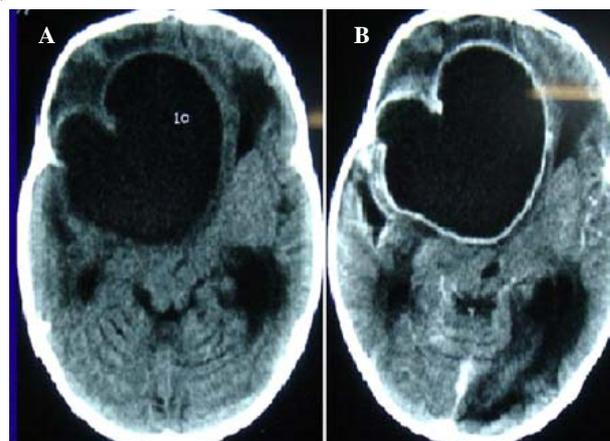
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**T**his 1-year-old-girl presented with a history of lethargy, vomiting and difficulty in walking for 1 month. The child was born normally and had no history of purulent ear discharge. One examination, the patient was awake with normal neurological findings. Ear, nose and throat, chest and cardiovascular evaluation revealed no abnormal findings. A computed tomography (CT) of head (**Figure 1**) was obtained which was suggestive of brain abscess which was confirmed intraoperatively and microbiologically. The child underwent repeated burr hole aspirations and at the end of three months, discharged home in stable condition.

Though brain abscess is not an uncommon entity in the developing world due to a high incidence of untreated ear infection, abscess of this dimension is a rarity. A high index of suspicion is needed in cases

**‘Heart’ in the Brain**

*Figure 1. Computed tomography head, A) Plain, B) Contrast enhanced, of patient, suggestive of “heart shaped” brain abscess which was confirmed at surgery.*

when symptoms and signs are nonfocal as in our case. Infants are typically more tolerant of an expanding mass lesion, allowing considerable time to pass before symptoms of increased ICP manifest and known to occur even in the fourth ventricle.<sup>1,2</sup> Timely detection and early intervention with institution of appropriate antibiotics is rewarding in the majority of the cases.

**References**

1. Greene CS Jr, Cheung M, Perdue J: Giant gram-negative brain abscesses. Report of two cases. *J Neurosurg* **101(Suppl):97-101**, 2004
2. Pruthi N, Devi BI, Shivshankar JJ, Pandey P: Abscess-a rare fourth ventricular mass. *Acta Neurochir (Wien)* **149:1179-1181**, 2007