

**Here we describe a case of severe skull base osteomyelitis caused by *Pseudomonas aeruginosa* with progressive palsy of cranial nerves that was successfully managed with prolonged outpatient continuous infusion of ceftazidime plus oral ciprofloxacin” Conde-Díaz et al (2017).**

Abstract:

BACKGROUND: Skull base osteomyelitis is an uncommon disease that usually complicates a malignant external otitis with temporal bone involvement. It affects predominantly diabetic and immunocompromised males and has a high mortality rate. *Pseudomonas aeruginosa* is the most common causative organism. Currently, there is no consensus about the best therapeutic option. Here we describe a case of severe skull base osteomyelitis caused by *Pseudomonas aeruginosa* with progressive palsy of cranial nerves that was successfully managed with prolonged outpatient continuous infusion of ceftazidime plus oral ciprofloxacin.

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CASE PRESENTATION: A 69-year-old Caucasian man presented with dysphagia, headache, and weight loss. He complained of left earache and purulent otorrhea. Over the following weeks he developed progressive palsy of IX, X, VI, and XII cranial nerves and papilledema. A petrous bone computed tomography scan showed a mass in the left jugular foramen with a strong lytic component that expanded to the cavum. A biopsy was then performed and microbiological cultures grew *Pseudomonas aeruginosa*. After 6 weeks of parenteral antibiotic treatment, our patient was discharged and treatment was continued with a domiciliary continuous infusion of a beta-lactam through a peripherally inserted central catheter, along with an oral fluoroquinolone for 10 months. Both radiological and clinical responses were excellent.

CONCLUSIONS: Skull base osteomyelitis is a life-threatening condition; clinical suspicion and

correct microbiological identification are key to achieve an accurate and timely diagnosis. Due to the poor outcome of *Pseudomonas aeruginosa* skull base osteomyelitis, prolonged outpatient parenteral antibiotic therapy administered by continuous infusion could be a valuable option for these patients.

Reference:

Conde-Díaz, C., Llenas-García, J., Parra Grande, M., Terol Esclapez, G., Masiá, M. and Gutiérrez, F. (2017) Severe skull base osteomyelitis caused by *Pseudomonas aeruginosa* with successful outcome after prolonged outpatient therapy with continuous infusion of ceftazidime and oral ciprofloxacin: a case report. *Journal of medical case reports*. 11(1), p.48.

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