



Figure. On the 5th day after onset, FLAIR images (A) and diffusion-weighted images (B) revealed ventricular debris indicated by arrows in the occipital horn of the lateral ventricles. The debris was clearly demonstrated especially on diffusion-weighted images, which showed pronounced high signal intensity.

Ventricular debris: MRI of ventriculitis

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An 86-year-old woman with liver cirrhosis was admitted because of clouding of consciousness, which had been present for 3 days. She had mild fever and marked nuchal rigidity. CSF showed increased polymorphonuclear leukocytes (1620 μ L), increased protein (614 mg/dL), and low glucose level (1 mg/dL). CSF culture revealed *Escherichia coli*. Debris was detected on axial MRI in the third and lateral ventricles. Ventricular debris showed hypointensity relative to CSF on T2-weighted images and showed hyper-

intensity relative to CSF on T1-weighted, FLAIR, and diffusion images (figure). Immediately after admission, she was treated with IV ampicillin and cefotaxime and with intraventricular gentamicin using the catheters inserted into the lateral ventricles. On the 8th day after onset, she had a cerebral infarction at the left medial frontal lobe as a secondary vascular complication of bacterial meningitis. Her general condition gradually worsened, despite improvement of brain MRI and CSF findings (CSF cell count: 40/ μ L; CSF culture: negative). Pleural effusion and ascites increased on the 12th day after onset. Three weeks after onset, she died of renal failure.

There are relatively few reports of MRI in pyogenic ventriculitis in adults.¹ Ventricular debris is of uncertain frequency in ventriculitis. Ventricular debris may suggest a diagnosis of pyogenic ventriculitis.

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