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Year	Country	Population	Rate	Source
2000	USA	281,421,906	1.3	1
2001	USA	283,471,000	1.3	1
2002	USA	285,520,100	1.3	1
2003	USA	287,569,200	1.3	1
2004	USA	289,618,300	1.3	1
2005	USA	291,667,400	1.3	1
2006	USA	293,716,500	1.3	1
2007	USA	295,765,600	1.3	1
2008	USA	297,814,700	1.3	1
2009	USA	299,863,800	1.3	1
2010	USA	301,912,900	1.3	1
2011	USA	303,962,000	1.3	1
2012	USA	306,011,100	1.3	1
2013	USA	308,060,200	1.3	1
2014	USA	310,109,300	1.3	1
2015	USA	312,158,400	1.3	1
2016	USA	314,207,500	1.3	1
2017	USA	316,256,600	1.3	1
2018	USA	318,305,700	1.3	1
2019	USA	320,354,800	1.3	1
2020	USA	322,403,900	1.3	1

BABI PENDAHULUAN

Abses cerebri dapat terjadi pada anak usia berapapun namun yang paling lazim antara usia 4 sampai 8 tahun. Penyebab abses cerebri adalah embolisasi karena penyakit jantung kongenital dengan *shunt* dari kanan ke kiri (terutama tetralogi Fallot), meningitis, otitis media kronis dan mastoiditis, infeksi jaringan lunak dari muka atau kulit kepala, selulitis orbita, infeksi gigi, luka tembus kepala, status imunodefisiensi, dan infeksi *shunt* ventrikulo-peritoneum.¹

Abses serebri adalah infeksi intraserebral fokal yang muncul sebagai area serebritis lokal dan berkembang menjadi kumpulan pus yang dikelilingi oleh kapsul yang bervaskularisasi baik. Abses serebri sering terjadi berkaitan dengan malformasi jantung kongenital dan dapat muncul nyata pada saat lahir atau bermanifestasi pada usia dewasa. Dua komplikasi pada susunan saraf pusat yang paling serius yang berkaitan dengan penyakit jantung bawaan (PJB) adalah trombosis serebral dan abses serebri.²

Abses serebri dapat berasal dari: (1) penyebaran langsung dari infeksi jaringan non-neural di sekitarnya seperti sinusitis paranasal, otitis media, mastoiditis atau infeksi gigi, (2) penyebaran hematogen dari tempat infeksi yang jauh seperti endokarditis, infeksi paru, infeksi gastrointestinal, (3) akibat trauma kepala atau tindakan pembedahan yang menyebabkan infeksi langsung pada otak.³

Pasien dengan PJB sianotik (dengan right-to-left shunt) memiliki resiko yang lebih tinggi untuk menderita abses serebri dimana PJB sianotik merupakan faktor resiko pada 12,2-69,4% dari seluruh kasus serebri. Studi dari Menon et al melaporkan bahwa dari 75 pasien abses serebri, enam diantaranya (8%) memiliki PJB sianotik dan keseluruhannya merupakan penderita Tetralogi of Fallot.³

IMAGES IN NEUROLOGY

Cranial Nerve VII Palsy as the First Sign of Cephalic Tetanus After an Earthquake

A 29-YEAR-OLD MAN sustained right-sided periorbital and frontal scalp abrasions caused by falling cement during the January 12, 2010, earthquake in Haiti. Twelve days later, he developed weakness of the right side of his face. He received local wound care and intravenous cefazolin sodium. On physical examination, he had a subconjunctival hemorrhage and an isolated right-sided cranial nerve VII palsy. He reported pain in his jaw; however, he had a normal range of motion. Computed tomography of the head revealed no skull or jaw fractures. One day after discharge from the hospital, he noted difficulty in opening his mouth and new numbness on the right side of his face. His symptoms worsened over 7 days. He was evaluated at another hospital, where a gastric feeding tube was placed because of his inability to open his mouth. On readmission to the hospital, a new cranial nerve V palsy, a new subtle cranial nerve VI palsy, and a persistent cranial nerve VII palsy were noted (all right-sided) in addition to trismus and neck rigidity. His voice was soft; he experienced frequent left-sided facial spasms (**Figure 1**). Tetanus toxinoid, tetanus immune globulin (TIG) U intramuscularly, and intravenous metronidazole phosphate were given. A second computed tomograph of the head showed no abnormalities. Results of cerebrospinal fluid testing were normal. The patient underwent surgical exploration and de-

bridement of his wounds that revealed no persistent infection. He never required intubation. Over 16 days, his trismus, neck rigidity, and left-sided facial spasms resolved, and he was able to drink a liquid diet through a straw. A residual cranial nerve VII palsy persisted 21 days after hospital discharge (**Figure 2**).

COMMENT

Tetanus is increasingly uncommon in developed countries owing to immunization programs. In developing countries, however, tetanus remains a significant health problem. Earthquakes can create soil-contaminated wounds that in an underimmunized population can lead to numerous cases of tetanus. Physicians working in such regions should be aware of all clinical presentations of tetanus. Cephalic tetanus is a form of localized tetanus characterized by trismus plus paralysis of 1 or more cranial nerves, with cranial nerve VII most frequently involved. The pathophysiology of cranial nerve paralysis in cephalic tetanus is still unclear.¹ Likewise, why paresis may persist for weeks after resolution of spasms is also unknown.² To our knowledge, a complete seventh cranial nerve palsy inaugural in the evolution of cephalic tetanus has been reported in only 4 other cases.¹⁻⁴

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