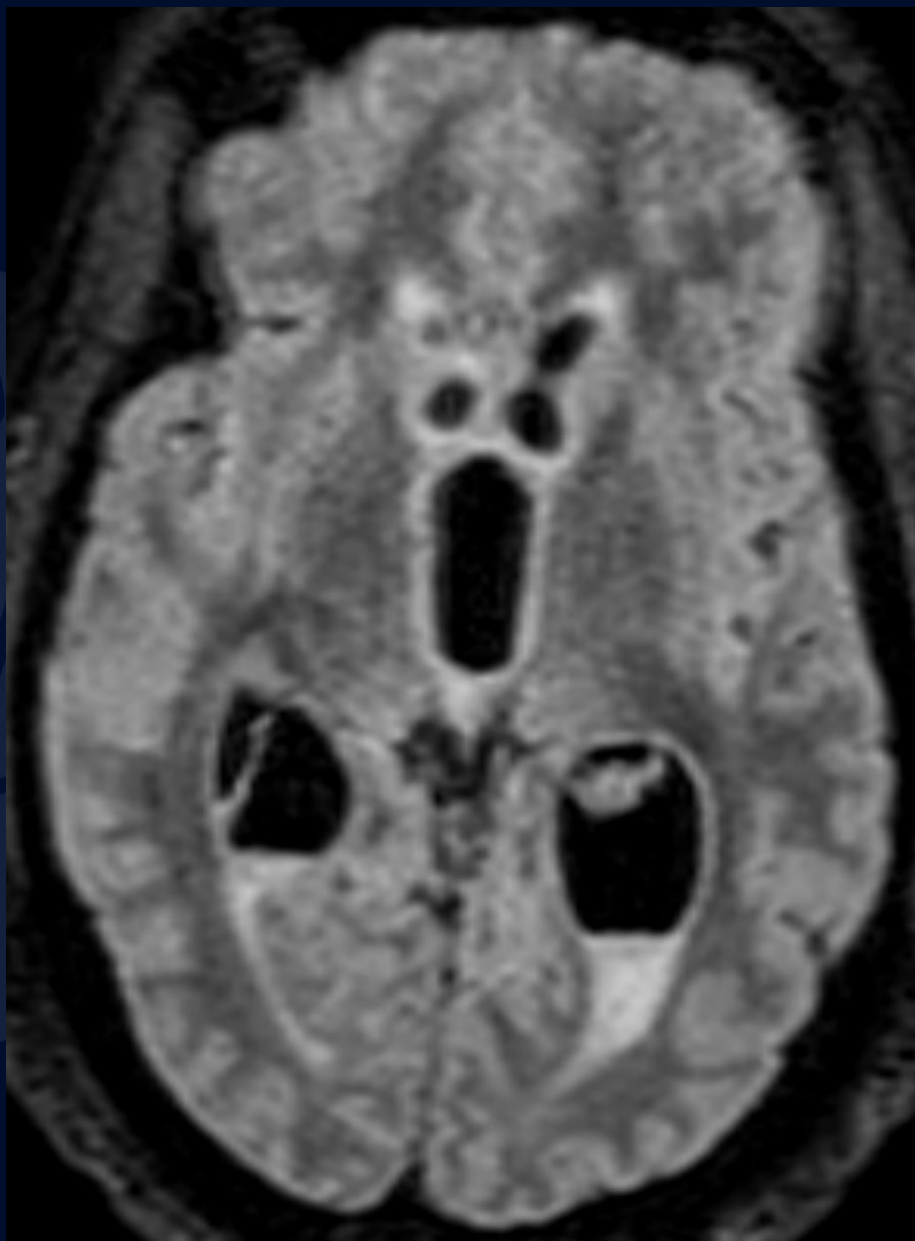
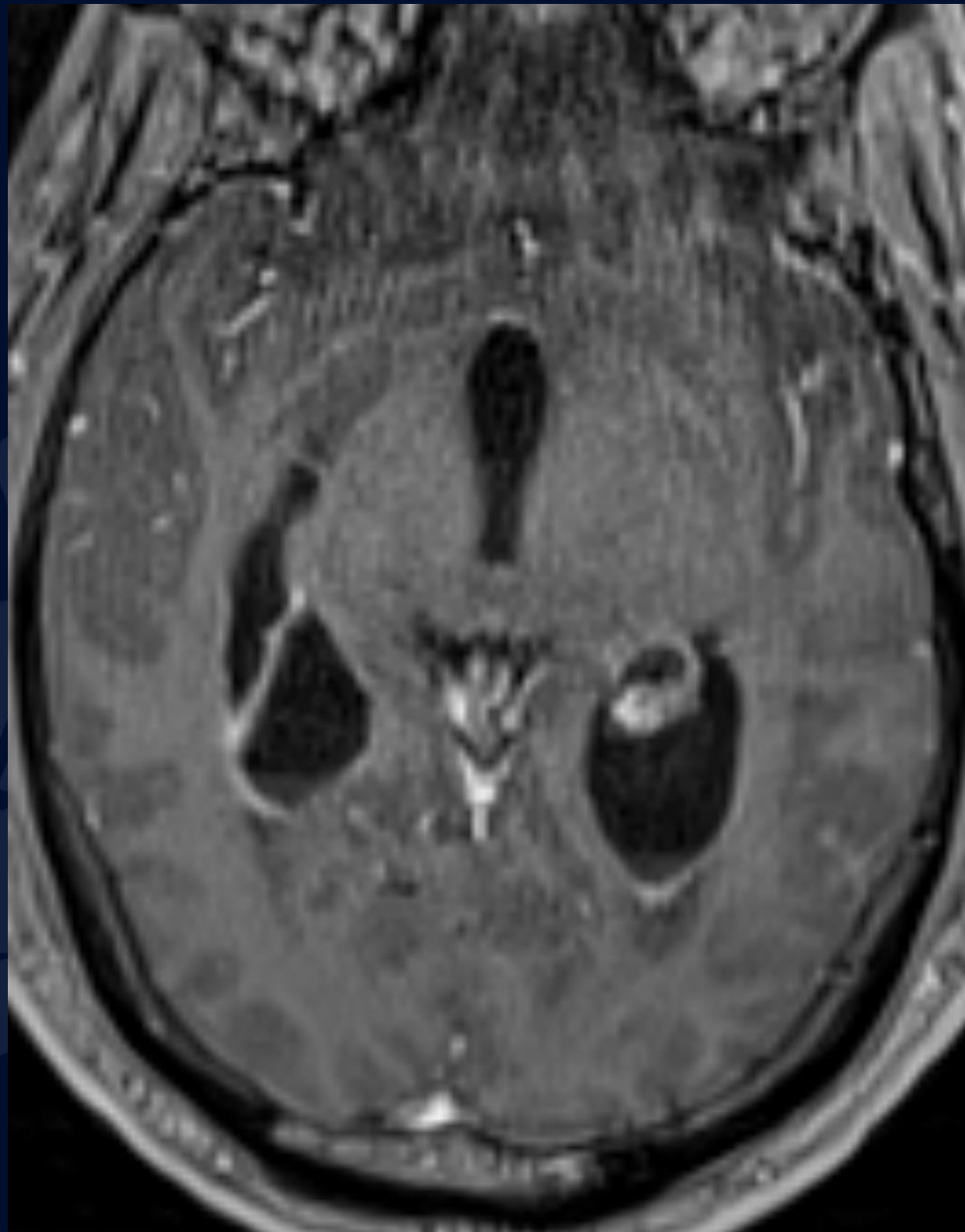
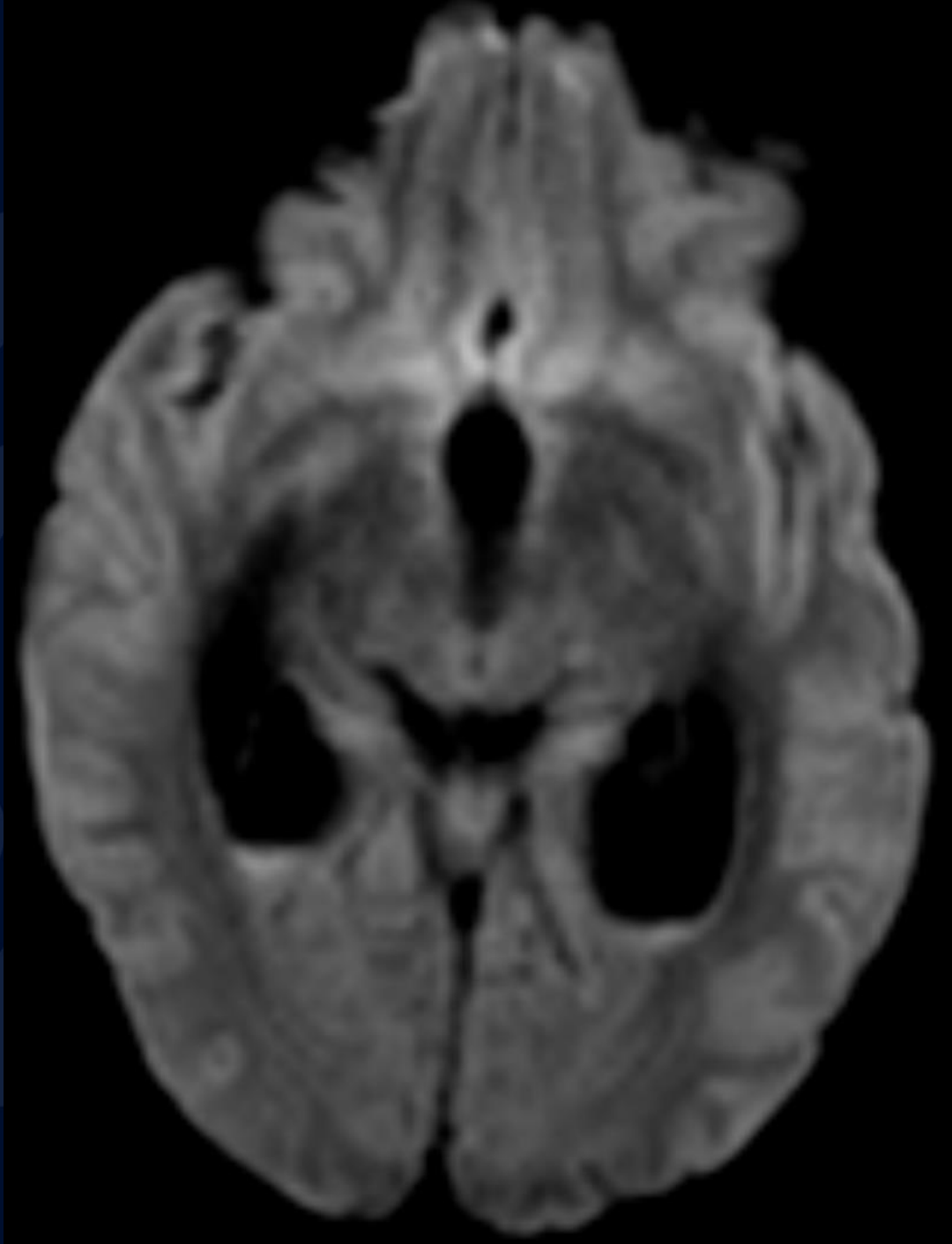


34-year-old male with altered mental status

Yuriy Holiyat, BS
Leo Wolansky, MD







5 years earlier



A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide, partially overlapping the title text.

Ventriculitis

Ventriculitis

Pathology

- Infection of the ventricular system of the brain (CSF).
- Primarily bacterial: *S. aureus*, gram-negative bacilli, *S. pneumoniae*.
- Less common: Fungal, viral (HSV).
- Secondary to: Meningitis, neurosurgery, intraventricular devices.
- Inflammatory response → BBB breakdown → pus formation → potential hydrocephalus.

Ventriculitis

Epidemiology

- All ages
- Increased risk:
 - Post-neurosurgery (ventricular access)
 - Pre-existing meningitis
 - Intraventricular devices
 - Immunocompromised

Ventriculitis

Clinical Presentation

- Fever
- Headache
- Altered mental status (lethargy to coma)
- Nausea / vomiting
- Neck stiffness (meningismus)
- Focal neurological deficits
- Seizures
- ↑ Intracranial pressure (papilledema)

Ventriculitis

Radiologic Features

CT:

- Hydrocephalus, periventricular edema, intraventricular debris/air

MRI:

- Ependymal enhancement
- Intraventricular debris/fluid levels
- DWI: Restricted diffusion (pus)
- FLAIR: Increased signal in ventricles

References

Aguero, Rosaura Suazo; Rojas, Rafael (2024). "Brain Infections". What Radiology Residents Need to Know: Neuroradiology. Cham: Springer International Publishing. pp. 159–176.

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