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The failure to identify and acurately localize a brian abscess was previously a major factor contributing to the high morbidity and mortality rates associated with brain abscess, with advert of computed tomography and magnetic resonance image it has become possible to both localize and determine the stage of evolution of the brain abscess ***(Britt, et al., 1983)***.

Management strategies for patients with a brain abscess depend on several important factors including how the lesion appears on C.T. or M.R.I. scan "ill defined versus mature" the location of the lesion, the number of lesions, and the clinical circumstances of the patient's illness, perhaps the most difficult management decision in many brain abscess cases is when or if to intervene surgically, although these questions arise in cases of solitary lesions, they assume greater importance in patient harbouring multiple neuroimaging abnormalities ***(Christophr, Jose Biller, 1994)***.

Deep seated solitary abscess located in eloquent areas of the brain requires a different technique, for these abscesses, some forms of intra-operative localization is required, this can be either free hand, ultrasonic guidance with needle aspiration of the contents of the abscess or a formal stereotactic procedure ***(Dyste et al., 1988)***.