

## **Abstract**

Atrial septal defects (ASD) are among some of the commonest congenital heart diseases we come across. These congenital defects can be asymptomatic until adulthood and the presenting symptom can be a paradoxical embolization. Closure of the atrial septal defect before the development of pulmonary hypertension is vital as surgical treatment is appropriate only in patients without severe pulmonary hypertension. In ASDs' it is possible for minor bacteremia from distant infections in the body to bypass typical pulmonary filtration via anomalies that allow right-to-left shunting to take place. This can result in cerebral abscesses.

In this case report, I present the case of a 41-year-old male patient who was transferred to Teaching Hospital Jaffna from District Hospital Mannar due to confusion and low GCS of three days and electrocardiographic changes. He had decreased responsiveness and aphasia with urinary incontinence. He was known patient with ostium Secundum atrial septal defect on medical management. He has severe pulmonary hypertension. He was offered surgery when young. But they had defaulted. With time he had developed pulmonary hypertension and Eisenmenger syndrome. The space-occupying lesion which was detected on computed tomography was a cerebral abscess which had developed due to paradoxical embolization as a result of the ASD. The patient recovered after drainage of the abscess and treatment with antibiotics.