

ACUTE BACTERIAL MENINGITIS IN PATIENTS ADMITTED TO THE INTENSIVE CARE UNIT: PRESENTATION AND MANAGEMENT AS PROGNOSTIC FACTORS.

Sig.ra JANA KRASTINA (1)

(1) Riga Stradiņš University, 16, Dzirciema street, Riga, Lettonia.

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Objectives.The majority of cases of acute bacterial meningitis (ABM) occur in adults. In spite of advances in antibiotics, mortality rate is still high. These studies indicate that ABM is still a serious disease and may require specific management in Intensive care unit (ICU). The aim was to evaluate how the clinical features, management and prognostic factors of patients associated with ABM admitted to the ICU affects the clinical outcome.

Materials and methods.There were 83 episodes with ABM admitted to the ICU. 1 patient was excluded due to treatment in another hospital.

Clinical features, vital signs at the admission time, CSF characteristics, start of antibiotic and steroid therapy, venous blood and arterial blood gas tests, number of days spent at hospital and at ICU were recorded. Mental status was assessed using Glasgow Coma Scale. (GCS) Severity of the disease within 24 hours of admission to the ICU were detected by Acute Physiology and Chronic Health Evaluation (APACHE II) scale. To determine the extent of an organ function or rate of failure, the sequential organ failure assessment score (SOFA) were used.

Results.Death and severe neurologic deficit affected 29.2 % of the series under study.(n=24) As expected, Streptococcus pneumoniae was the most common causative agent of ABM (34.1 %) 75 patients received initial therapy with third generation cephalosporin, ceftriaxon being the most commonly indicated. 45 patients received adjunctive therapy with dexamethasone. The median stay in the ICU and hospital was 8.3 / 25.5 days respectively.

Conclusion.APACHE II and GCS score were the only independent factors associated with an adverse clinical outcome. Current findings suggest that use of dexamethasone can reduce duration of staying in ICU, but does not correlate with mortality rate.