

CONSIDERATIONS ABOUT MORBIDITY AND MORTALITY IN ACUTE BACTERIAL MENINGITIS

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We recieved 23 cases of acute bacterial meningitis, 10 of them with lethal evolution, the other ones with some residual neurologic deficits

sequelae including cranial nerve abnormalities, paralysis, ataxia. There were 4 patients with brain abscess, 2 of them had chronic otitis media and one case with head injury, suggesting that the abscess predated the meningitis. The frequency of predisposing factors was significantly higher among patients with lethal evolution (70%). In 10 cases (43,4%) no pathogen was identified, the most common pathogen was Str. Pneumoniae (5%), than N.Meningitidis (4) where as Staf. Aureus, Str. β -hemolytic, Bac. Gram neg., caused 1 to 2 episodes each (Organisms are seen on Gram stains of centrifuged CSF samples and on positive bacterial culture results). Coma on admission was a significant risk for death ($<0,001$). All patients had elevated proteine levels (>132 mg%) but hypoglycorrhachia was inconstant; an important hypochlorurorachia was seen in the cases with brain abscess. A less of cell counts appeared although the patientd died. The overall mortality of bacterial meningitis 12% was relatively stable in those 6 years that we have reviewed.