ADULT BACTERIAL MENINGITIS: ETIOLOGICAL, CLINICAL AND THERAPEUTIC ASPECTS

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In our Clinic of Infectious Diseases, during 1988-1994 interval, 401 bacterial meningitis cases were admitted; out of these 153 (38,15%) occuring in adults. In 79 cases (51,66%) the etiologic agent could be identified by cerebrospinal fluid (CSF) analysis. In 74 cases the etiology could not be established. Comparing our results with the results of previous studies, several changes in the etiologic spectrum were observed: a) the predominance of the pneumococcal meningitis (53 cases, 34%); b) the emergence of novel bacterial associations: pneumococcus+Koch bacillus (3 cases), H.staphylococcus aureus+Proteus (2 cases), Proteus+Pseudomonas aeruginosa+Candida albicans (1 case); c) in two cases, Acynetobacter and respectively Nocardia were isolated. Twenty deaths occurred (13,07% of all cases analysed); out of these 10 with uncertain etiology, 7 pneumococcal and 2 meningococcal; in 1 case the etiology was mixed: staphilicoccus aureus+Proteus. The deaths occurred mosly in aged patients (6 cases over 60 years of age) and in the 31-40 age group. In 46 out of the 74 cases of meningitis of uncertain etiology, antibiotic treatment was given before lumbar puncture. The limited efficiency of CSF test, especially in the cases previously treated with antibiotics, underline and justifies the use of diagnostic methods of high specificity and sensitivity as CIE, latex-agglutination and co-agglutination. The main principle in antibiotic treatment was monotherapy; association of two or three antibiotics, demanded by bacterial agent - isolated or probably involved - was found efficient.