BACTERIAL MENINGITIS IN INFANT AND SMALL CHILD

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Bacterial meningitis in the infant and small child (0-3 years of age) represent 59,7% of the bacterial meningitis cases occuring in children and 18,5% of all bacterial meningitis cases admitted in our hospital over the past

5 years (1990-1994). 7 cases (13,4%) were newborn babies, 17 cases (32,6%) were infants and 28 cases (53,8%) were children aged 1-3 years. CSF analysis (smears, cultures, latex-agglitination) revealed the etiology in 28 cases (53,8%): pneumococcus (23%), meningococcus (17,3%), H.Influenzae (7,6%), goup B streptococcus (3,8%), others (1,9%). Compared to previous studies in which the etiology was mainly meningococcal, a preponderence of pneumococcal meningitis is observed. In the newborn, out of 4 etiologically identified meningitis, 2 were with group B streptococcus. In most of the cases the clinical course was severe. Meningo-encefalitis occurred in 29 patients (56,8%) and meningococcemia was the prominent feature in 11 cases (21,1%). Etiologic (penicillin, ampicillin, 3-rd generation cephalosporine) and pathogenetic therapy led to complete recovery in 80% of the cases. In 5 cases (9,8%), incomplete recovery, with neurological sequelae was noted. Death occurred in 5 cases (9,8%), (2 infants and 3 children 1 to 3 years old). In conclusion, bacterial meningitis occuring at very young age are relatively frequent and tend to have a severe clinical course. An etiological shift has been noticed lately, the meningicoccus being replaced by the pneumococcus as the main culprit. Despite the continuous optimization of therapy, the percentage of lethal cases is similar to that reported on a global scale over the past decades. Other factors such as an inadequate host inflammatory response might explain the treatment failures.