

# Pneumococcal meningitis

## Etiology and epidemiology

- G+ pneumococcus, **Streptococcus pneumoniae**
- affects predominantly *adults*
- is preceded by inflammation of paranasal sinuses, mastoiditis, less often other pneumococcal infections

## Clinical symptoms

- **the course is quite slow**, the disease develops within a few days
- **fever** rises, **headaches** occur, **vomiting**, or **meningeal syndrome**
- in case of direct transmission of the infection to the meninges (after trauma, collapse of an abscess) the development is rapid, within hours.

## Diagnosis

- positive agar cultivation finding of pneumococcus (from the cerebrospinal fluid)

## Therapy

- it is necessary to **remove the primary lesion** – mastoidectomy, fracture repair, sinusitis
- **BenzylPNC** is effective in our country (but in high doses of 500 000IU/kg/day via rapid infusions)
- **chloramphenicol** or **III. generation cephalosporins** – always at least 14 days i.v.

## Prognosis

- is not favorable, up to 20% of those affected die, it is even worse for the elderly or splenectomized patients

## Prevention

- polyvalent **Pneumo23 vaccine** for children above 2 years of age and for risk groups among adults

## Links

### Related articles

- **Meningitis:** Haemophilus meningitis ■ Meningococcal meningitis ■ Viral meningitis
- Cerebrospinal fluid
- Purulent meningitis

### Source

- BENEŠ, Jiří. *Studijní materiály* [online]. ©2007. [cit. 2010]. <<http://jirben.wz.cz>>.

### Literature

- HRODEK, Otto – VAVŘINEC, Jan, et al. *Pediatric*. 1. edition. Praha : Galén, 2002. ISBN 80-7262-178-5.
- ŠAŠINKA, Miroslav – ŠAGÁT, Tibor – KOVÁCS, László, et al. *Pediatric*. 2. edition. Bratislava : Herba, 2007. ISBN 978-80-89171-49-1.