

Haemophilus meningitis

Etiology and epidemiology

- by *Haemophilus influenzae type b*;
- affects children from 3 months to 5 years;
- in the pre-disease stage, there is usually an upper respiratory tract infection, fever, anorexia, vomiting.

Clinical findings

- after uncharacteristic symptoms, **fever** increases;
- in infants, the fontanelle is arched; in older children meningeal signs.

Diagnosis

- typical findings in puncture;
- latex agglutination can prove *H. influenzae*.

Complications and consequences

- with fast and correct treatment, the finding recedes rapidly;
- if we figure it out late in infants, obstructive hydrocephalus may occur;
- the result can be psychomotor retardation and cranial nerve disorder, deafness (usually unilateral).

Therapy

- previously successful treatment with ampicillin is often ineffective due to higher β -lactamase production;
- treatment is initiated i.v. application of dexamethasone, immediately afterwards we apply cephalosporins III. generation (doses are the same as for meningococcal meningitis, for 5-10 days);
- chloramphenicol is also effective, but we rarely use it for side effects.

Prevention

- in countries where vaccination against HEB has been around for a longer time, this disease has been almost eradicated;
- in the Czech republic it is part of the mandatory vaccinations since July of 2001, few dozen cases are reported every year.

Prognosis

- lethality is below 5%, the risk is higher in the event of a hydrocephalus

Links

Similar articles

- Haemophilus influenzae

References

Source

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

Literature

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