

MANAGEMENT OF NEONATAL MENINGITIS :
A CONTINUING PROBLEM

ANITHA P.M *, GIRIJA K.R, SHYLAJA

Department of Microbiology

Medical College, Calicut, Kerala, India

A 5-day old female baby was readmitted to the Institute of Maternal and Child Health (IMCH) Calicut (Kozhikode) with complaints of lethargy, refusal to feed and persisting respiratory distress. A lumbar puncture was done along with routine blood investigation. The CSF protein was slightly raised and sugar low. The CSF was haemorrhagic. Gram stain showed RBC, neutrophils ++ and encapsulated pleomorphic gram negative bacilli with occasional filamentous forms. Culture on blood agar, grew moist colonies with greenish discolouration. On Macconkeys agar colonies were non lactose fermenting. The isolate was identified as *Flavobacterium meningosepticum*, by biochemical reactions. The weakly pigmented strain was found sensitive to Vancomycin, Ampicillin/ sulbactam and Rifampicin. It was resistant to Ceftriaxone, Ceftazidime, Amikacin, Chloramphenicol and Co-trimoxazole.

As the child was clinically better, treatment was continued with the initial antimeningitic regime of Ampicillin / Sulbactam, Ceftriaxone and Amikacin given for neonates. However a repeat lumbar puncture done 4 days later yielded turbid fluid, the CSF protein had risen to 160 mgm% and sugar lower. The gram stain showed plenty of neutrophils with pleomorphic gram negative bacilli and CSF culture again grew

the same isolate with the same sensitivity pattern. The child was immediately put on Vancomycin, and Ampicillin / Sulbactam combination. In a week's time, clinical improvement was seen along with decrease in CSF protein levels. The child recovered following treatment with same regime for 3 weeks.

This 5-day old baby was the 7th born following LSCS at a primary care hospital after failed induction in mother. The baby was subjected to interventions like suction and

stomach wash, both at the place of birth and later at IMCH, Calicut after referral. The child was treated with antibiotics and discharged at request from the hospital, only to be readmitted with worsening complaints. The exact source of infection could not be traced. *Flavobacterium meningosepticum* is an important opportunistic cause of neonatal meningitis. Being resistant to most antibiotics and associated with high degree of mortality and serious complications in neonates, it is important to treat with the right combinations of antibiotics, according to the culture and sensitivity reports.