



Pediatric Neurology: Chapter 115. Infantile and childhood bacterial meningitis (Handbook of Clinical Neurology)

Philippe Lepage, Bernard Dan

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Bacterial meningitis (BM) remains a major global challenge. Globally, Hib, *S. pneumoniae*, and *N. meningitidis* cause about 90% of cases of BM beyond the neonatal period. After colonization of the upper respiratory tract by one of these pathogens, invasion occurs across the epithelium. Following entry into the bloodstream, bacteria survive through evasion of the complement system. Once into the CSF, bacteria multiply very actively. The clinical features of BM depend on the age of the patient, duration of illness, the pathogen involved, and host response to infection. Major neurological findings include meningeal signs, altered consciousness, increased intracranial pressure, seizures, and focal findings. Complications such as prolonged fever, seizures, subdural effusions, subdural empyema, and brain abscesses occur with variable frequencies. History, physical examination, and lumbar puncture are essential steps to establish the diagnosis of BM and should be performed before the initiation of antimicrobial therapy. Blood tests and CSF examination are essential for the diagnosis of BM. Various clinical scores have been recently developed to predict the risk of BM. Children with BM should be monitored for anticipated complications. Prompt initiation of therapy with appropriate antimicrobial agents given at correct dosage is essential in the management of these patients.

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