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Rarely encountered pediatrics Salmonella meningitis complicated with subdural empyema

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Subdural empyema is a potentially fatal infection. Meningitis is an important etiological factor leading to subdural empyema, especially among the pediatrics population. Symptoms are usually due to mass effect, inflammatory involvement of the brain and meninges and thrombophlebitis of cerebral veins and/or venous sinuses. Subdural empyema should be suspected in the presence of meningism with unilateral hemisphere dysfunction. Focal neurologic deficit and/or seizures usually occur late. The causative organisms vary with the specific source of the infection. Commonly identified organisms include: Aerobic *Streptococcus*, Staphylococci, micro-aerophilic and anaerobic Streptococcus, aerobic Gram-negative rods and other aerobes. Sterile cultures occur up to 40%. Despite modern diagnostic and therapeutic modalities, delayed diagnosis of subdural empyema is not uncommon and is associated with a significant morbidity and mortality. Pediatric supra-tentorial subdural empyema can be effectively managed with early surgical drainage; preferably craniotomy should be done. Surgery, antibiotics and management of hydrocephalus are the mainstays of treatment. Hereby, we report a case of Salmonella meningitis complicated with subdural empyema in a 3-month-old child, who presented with prolonged fever and recurrent seizures. The child was subjected to bi-frontal craniectomy and evacuation of subdural empyema, along with antibiotics therapy. His symptoms resolved completely after the surgery.

Biography

Shze Ee Tan is a Medical Officer, completed her MBBS from the International Medical University (IMU), Kuala Lumpur. She is currently pursuing Masters in Neurosurgery under Universiti Sains Malaysia (USM).

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