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CNS INFECTIONS

NEONATAL MENINGITIS

The overall mortality and survival without handicap of babies with meningitis have been reviewed over a 14 year period, 1973-1986, at the Royal Maternity Hospital, and Department of Child Health, Queen's University, Belfast, Ireland. Of 41 patients treated 24 were born at the Royal Maternity Hospital giving an incidence of 0.54/1000 live births. The incidence fell progressively from 1979 (1.11/1000 live births) to 0.56 in 1984. Antenatal risk factors were rupture of the membranes longer than 24 hours (n=8) and maternal infection (n=6). Signs and symptoms were vague with apnea being the most common. Only four of the 41 patients had a full or bulging fontanel and none had fever. Diagnosis was made at autopsy in five infants. The median age at presentation was nine days (range 1-57). *Escherichia coli* was the commonest organism. Twenty babies died (49%) and 13 (32%) survived without handicap. Of eight with handicaps three have hydrocephalus, three spastic quadriplegia, and two monoplegia. Factors associated with poor outcome were low birth weight and positive cerebrospinal fluid. The outcome for babies with more unusual organisms (*Candida albicans* and *Serratia marcescens*) was uniformly fatal. (Bell AH et al. Meningitis in the newborn - a 14 year review. Arch Dis Child June 1989; 64:873-4).

COMMENT. The authors observed that failure to improve the prognosis of neonates with meningitis during a period when overall perinatal mortality fell rapidly is because smaller babies are being affected and different more unusual organisms are being cultured. Improved methods of diagnosis and management are needed with this change in epidemiology. In infants with apnea meningitis should be suspected. It is noteworthy that the diagnosis was made only at autopsy in 12% of patients.

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