

**A CASE REPORT ON BACTERIAL MENINGITIS****Emilin Scaria<sup>1\*</sup>, Anchu C. L.<sup>2</sup>, Dr. Dhanya Dharman<sup>3</sup> and Prof. Dr. Shaiju S Dharan<sup>4</sup>**<sup>1</sup>Department of Pharmacy Practice, Ezhuthachan College of Pharmaceutical Sciences, Marayamuttom, Thiruvananthapuram, Kerala, India.<sup>2</sup>Department of Pharmacy Practice, Ezhuthachan College of Pharmaceutical Sciences, Marayamuttom, Thiruvananthapuram, Kerala, India.<sup>3</sup>Assistant Professor (Department of Pharmacy Practice, Ezhuthachan College of Pharmaceutical Sciences, Marayamuttom, Thiruvananthapuram, Kerala, India.<sup>4</sup>Principal/HOD (Department of Pharmacy Practice, Ezhuthachan College of Pharmaceutical Sciences, Marayamuttom, Thiruvananthapuram, Kerala, India.

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India.**INTRODUCTION**

Meningitis is a very rare atypical presenting feature of anti NMDA receptor encephalitis. Meningitis is the second leading infection related cause of death in children in the world, second only to pneumonia. It is responsible for more death than malaria, aids, measles and tetanus combined. The disease is more prevalent in children under the age of four years and in teenagers. It is the inflammation of membranes covering the brain and spinal cord. It can be caused by virus, bacteria and fungi. The presenting symptoms of meningitis are fever, fatigue, headache, sensitivity to light. It is the inflammation of brain and spinal cord membrane typically caused by infection. Vaccines can prevent some forms of meningitis. The viral meningitis is the most common and least serious type. Bacterial meningitis is rare but can be very serious type if not treated. Keeping up to date with recommended vaccines is the best protection against meningitis disease. Maintaining healthy habits like getting plenty of rest and not having close contact with people who are sick. Young children are most common at risk. It is spread through by sharing respiratory and throat secretions. Bacterial meningitis may be transmitted through people to people. The treatment options for the disease include antibiotics, steroids and dehydration therapy.

**CASE HISTORY**

A 5 year old child was admitted in the paediatric department with complaints of fever since 2 days, fatigue and headache at the day of admission. On clinical examination the total count CRP, ESR were elevated. The brain MRI shows swelling and inflammation. On physical examination the child shows sensitivity to light. During admission time the child was sick, febrile and also have elevated blood pressure. According to physical and clinical examination the case was diagnosed as bacterial meningitis. While patient stayed in the hospital, he was treated with antibiotics, steroids and other supportive measures and the patient was better during discharge.

**DISCUSSION**

Meningitis is a very rare atypical presenting feature of anti NMDA receptor encephalitis. Meningitis is the second leading infection related cause of death in children in the world, second only to pneumonia. It is responsible for more death than malaria, aids, measles and tetanus combined. The disease is more prevalent in children under the age of four years and in teenagers. It is the inflammation of membranes covering the brain and

spinal cord. It can be caused by virus, bacteria and fungi. The presenting symptoms of meningitis are fever, fatigue, headache, sensitivity to light. It is the inflammation of brain and spinal cord membrane typically caused by infection.

The diagnosis is based on patient history, laboratory investigations and clinical examinations. During admission time the child was sick, febrile and also have elevated blood pressure. On clinical examination the total count CRP, ESR were elevated. The brain MRI shows swelling and inflammation. On physical examination the child shows sensitivity to light. Initially the symptoms started with fever for 2 days, headache and fatigue. On examination the patient was sick and by considering the physical and clinical examination the diagnosis was done. The parents were counselled about the disease, medication and proper diet to be taken. For the treatment of disease antibiotics, steroids and other supportive measures were given. On discharge oral antibiotics and proper patient counselling was given.

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#### REFERENCE

1. A case report on complicated bacterial meningitis monitoring editor: Alexander Muacevic, Adler Nadia Jawad J, Ali Z, editors.
2. Rare clinical presentation of bacterial meningitis: A case report Jian Liang Tan,<sup>1</sup> Suzilla Nordin,<sup>2</sup> and Alwi Muhd Besari, <sup>2</sup>.
3. Taofiki A, Sunmonu Olufunmi A. bacterial meningitis presenting with unusual clinical features in Nigerians: Two case reports Morenikeji A Komolafe.
4. Rali P, Arshad H, Bihler E. A case of bacterial meningitis with nonimmunocompromised immigrant.
5. Rare clinical presentation of bacterial meningitis: A case report September Malaysian. Journal of medical science, 2017.
6. Haenssle HA, Kiessling J, Kempf VA, Fuchs T, Neumann C, Emmert S, et al. bacterial Meningitis. J Am Acad Dermatol, 2006; 54: 1-4.
7. Handler NS, Handler MZ, Rubins A, Rubins S, Septe M, bacterial Meningitis JEADV, 2018; 32: 537-41.