

中文題目：李斯特菌腦膜炎

英文題目：***Listeria Monocytogenes* Meningitis**

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Introduction

Listeria monocytogenes is an important bacterial pathogen in neonates, immunosuppressed patients, older adults, pregnant women. It is generally thought of as a foodborne pathogen and can cause acute, self-limited, febrile gastroenteritis in healthy persons. However meningoencephalitis is an uncommon but lethal complication of *Listeria monocytogenes* septicemia. Without appropriate treatment, mortality rate is high and the survived patients may have permanent neurological sequelae. In this case report, we present an old female who experience diarrhea antecedent to the development of meningoencephalitis.

Case presentatio

This 65 year old housewife is a case of type 2 diabetes mellitus under regular medical control with glibenclimide 5mg BID and metformin 500mg BID at our hospital for about 18 years. She ever traveled to New Zealand 3 weeks before admission and returned home five days before admission. However, she suffered from fever, watery diarrhea and abdominal cramping pain since 3 days ago. In addition, progressive conscious change from confusion to drowsiness occurred in the morning of hospitalized day. Then she was sent to our ER. At there, her vital signs are acceptable (BP-142/85mmHg, T.P.R: 38.1C, 76/min, 18/min) with glasgow coma scale as E2V2M3. Lab data showed leukocytosis with left shift (WBC: 23.46K, N/L: 85.5/8.6), elevation of CRP level (15.64mg/dl). Brain computed tomography revealed no intracranial hemorrhage. Under the suspicion of sepsis, she was admitted to our intensive care unit with antibiotics as Ceftriaxone 2g QD infusion. At our ICU, neurological examination disclosed limbs to pain withdrawl and symmetrical DTR mild decrease but preserved. Lumbar puncture was done due to fever and conscious change. Open pressure was 195mmH2O and CSF appearance was clear and clean. CSF data showed elevation of WBC level, near equal of neutrophil to lymphocyte ratio and elevation of total protein (WBC: 2155/CUMM, N/L: 59/41, T-protein: 239.8mg/dl). Under the suspicion of bacterial meningitis, antibiotics increased to ceftiaxone 2g, Q12H. Brain magnetic resonance imaging disclosed multiple small T2-hyperintense spots over the bilateral frontal lobes (Figure 1). CSF culture showed *Listeria monocytogenes* infection and antibiotics shift to ampicillin 2g Q4H with gentamicin 80mg, Q8H. After antibiotics treatment for 3 weeks, fever subsided and her consciousness became clear gradually. Then she was discharged without significant sequelae.

Conclusion

In patients especially immunocompromised one who experience fever and diarrhea antecedent to the development of meningoencephalitis, *Listeria monocytogenes* is an important pathogen and ampicillin with/without aminoglycoside should be given as soon as possible to prevent permanent neurological sequelae and mortality.

