

中文題目：聽力受損在一位豬鏈球菌腦膜炎患者的病例報告

英文題目：Hearing loss due to *Streptococcus suis* meningitis: case report and review

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Introduction:

Streptococcus suis is a common swine pathogen that can be isolated from upper air way, gastrointestinal tract, and genitals of pigs. This pathogen is a cause of zoonoses in Asia. Human infection can present as meningitis, sepsis or other invasive infection. Main risk groups for *S. suis* infection are subjects being occupationally exposed to pigs and/or pork, for example, farmers, butchers, meat sellers, foresters, and hunters. We report a recently encountered patient who suffered from *S. suis* meningitis and reviewed another two cases from hospital and those reported from Taiwan with detail.

Case presentation:

A 68-year-old retired businessman with a history of 1. chronic kidney disease (CKD) stage III, 2. thyroid goiter, 3. left lower leg deep vein thrombosis (DVT) suffered from intermittent fever, dizziness and hearing loss for one week. Blood test showed leukocytosis (18,900 /ul) with 90.4% neutrophil, elevated CRP (14.06 mg/dL). He then received lumbar puncture and the opening pressures was 18 cmH₂O. Colorless but cloudy CSF was noted. Result of CSF test showed RBC:1800 /ul, WBC:90/ul (neutrophil 67%), glucose level:31 mg/dL and microprotein level: 235mg/dL. The CSF culture yielded *S. suis* (penicillin MIC:0.25; vancomycin MIC:<=0.5; erythromycin MIC:>4). He received vancomycin 500mg Q8H and ceftriaxone 2g Q12H initially and ceftriaxone alone when in vitro susceptibility available. The ceftriaxone was used for 2 weeks. Dexamethasone 2.5mg Q12H for 2 days then hydrocortisone 100mg Q8H for 3 days were used. His hearing loss and dizziness gradually improved during hospitalization and follow-up after discharge.

Discussion:

Streptococcus suis meningitis were rarely reported from Taiwan, although pig rearing in common in Taiwan. We compared the open pressure of lumbar puncture and CSF data of 7 cases with *S. suis* meningitis reported from Taiwan. Relatively low in open pressure of lumbar puncture and less pleocytosis than other bacterial meningitis was noted. Occupation exposure to pigs and hearing loss and other neurologic signs including dizziness, unsteady gait and epilepsy were common in these patients. Therefore, when a patient was diagnosed as bacterial meningitis with

clinical presentation of dizziness or hearing loss and the lumbar puncture disclosed relatively lower opening pressure and less WBC count in CSF, *S. suis* meningitis should be considered.