

# Nontypeable *Haemophilus Influenzae* Meningitis in the Context of Endoscopic Endonasal Surgery – a Case Report.

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# Nontypeable Haemophilus Influenzae Meningitis in the Context of Endoscopic Endonasal Surgery – a Case Report

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## INTRODUCTION

Bacterial meningitis is a medical emergency and thus rapid diagnosis is necessary to minimize adverse sequelae. Presence or absence of meningeal signs, headache, altered mental status, and fever do little to support or rule out the diagnosis. In conjunction with a history, performing a lumbar puncture and imaging of the head on adults is of paramount importance to confirm the diagnosis. Broad-spectrum antibiotics are often initiated prior to the performance of a lumbar puncture thereby limiting its diagnostic yield, however the patient's demographics, history, and presenting symptoms will guide treatment.

## THE PATIENT

The case begins with a 52-year old woman with a PMHx of hypertension and recent sinus surgery who presented with hypertensive urgency, acute encephalopathy, neurological deficits along with worsening agitation and dysarthria.

## OUR WORKUP

A stroke alert was called and the patient was sent for a head CTA. Upon return from Radiology, she was noted to have a fever as high as 101F. She underwent a lumbar puncture in the Emergency Room. She was subsequently started on broad-spectrum antibiotics and emergently admitted to the MICU.

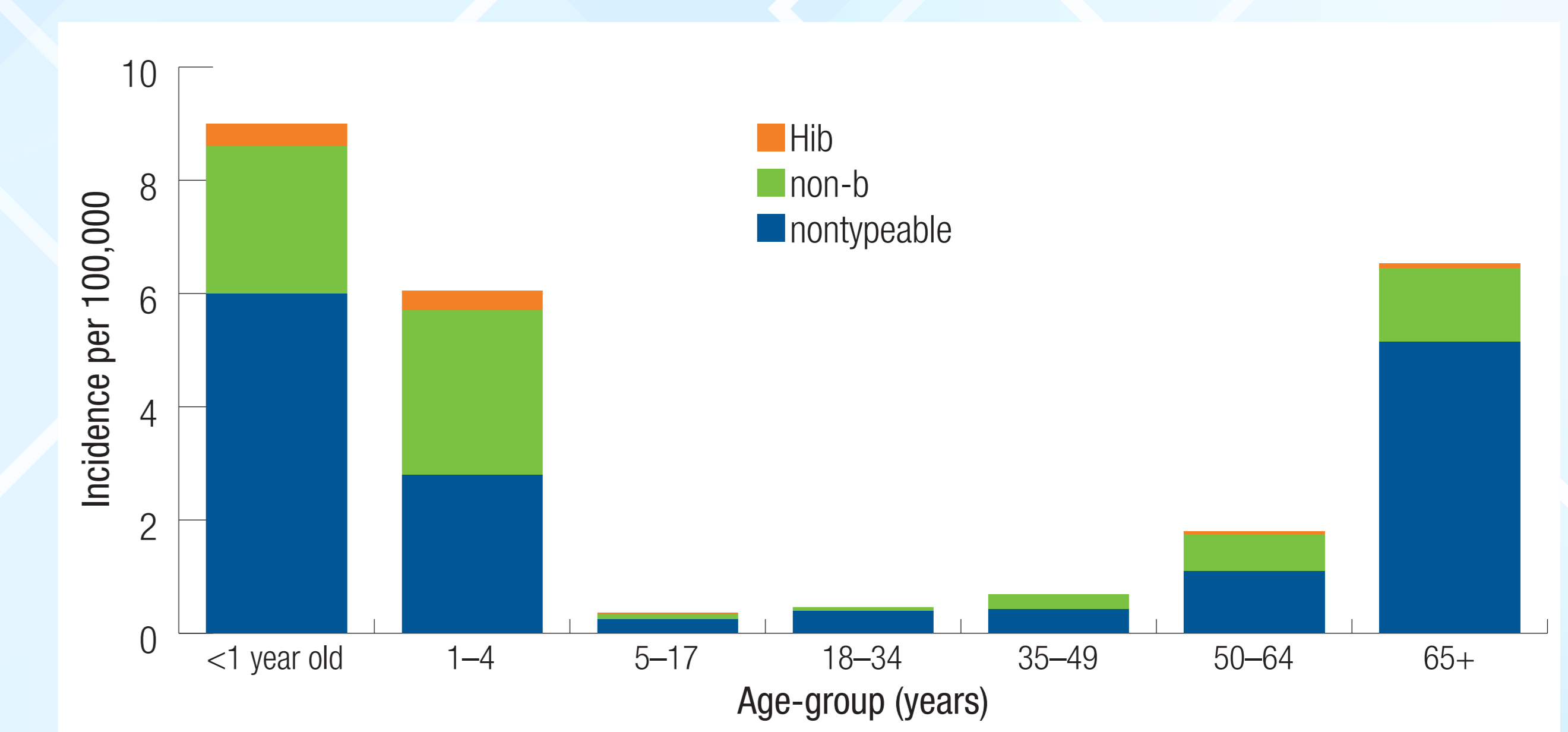
## RESULTS

The CTA showed signs of cerebral inflammation without elevated ICP, consistent with meningitis. Lumbar puncture results were consistent with this diagnosis. PCR, CSF culture, and 1/2 blood cultures grew nontypeable, Haemophilus influenzae, non-beta lactamase producing. The patient showed significant improvement of symptoms on Ceftriaxone throughout her hospital stay. At her one-month follow up she continued to have neck pain and headaches.

## CONCLUSION

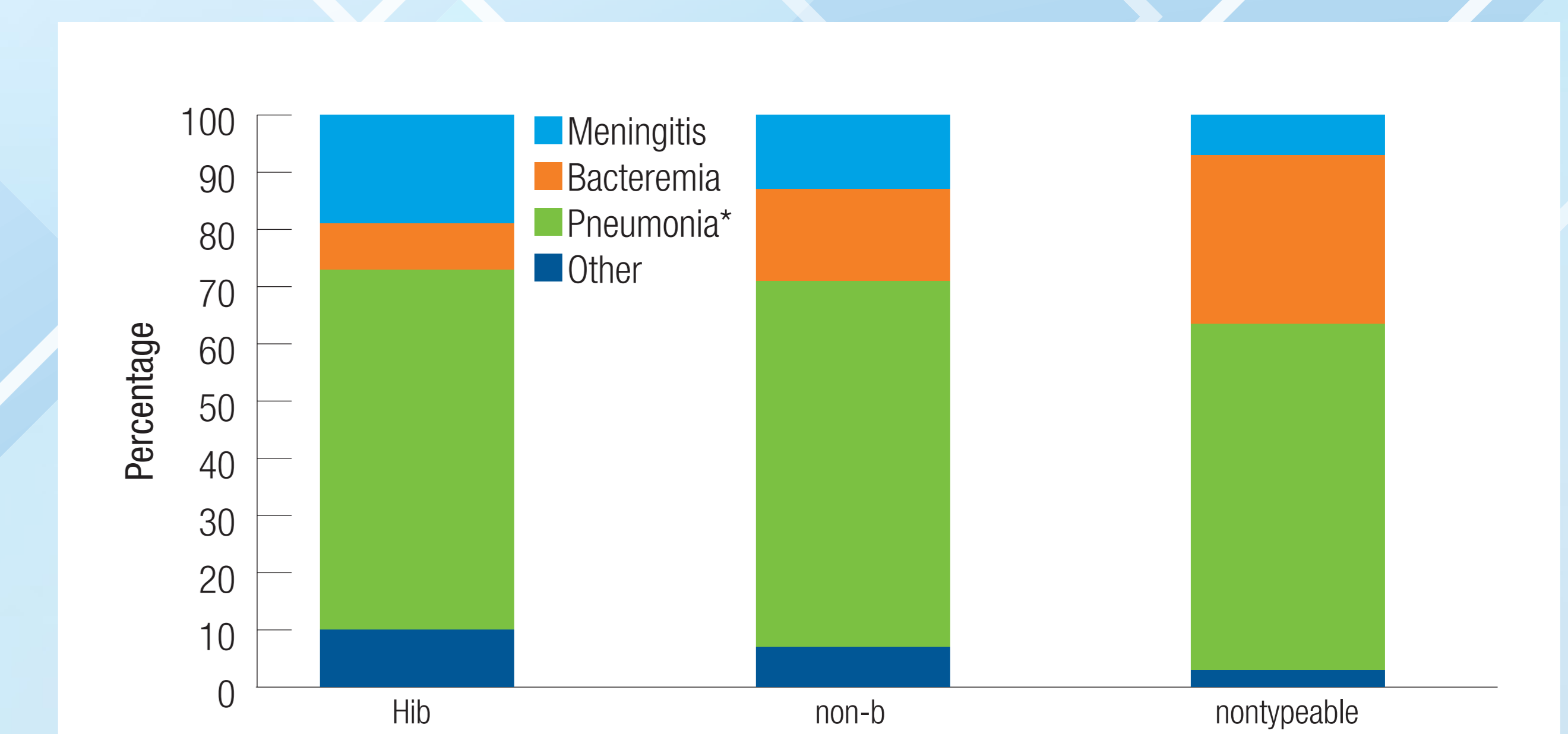
The patient developed an uncommon complication from endonasal surgery, from a potentially preventable organism that causes increased mortality if not identified soon in the disease process.

Estimated U.S. Incidence of *H. Influenzae* by Age Group and Serotype, 2009–2014



Citation: CDC data on *H. influenzae*; CDC.gov

Most Common Types of invasive *H. Influenzae* Disease by Serotype, 2009–2014



Citation: CDC data on invasive *H. influenzae* disease by serotype; CDC.gov