## SUCCESSFUL TREATMENT OF POST-SURGICAL MENINGITIS CAUSED BY BACILLUS CEREUS: A CASE REPORT



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## **BACKGROUND AND IMPORTANCE**

*Bacillus cereus* is a spore-forming, gram-positive bacterium that is ubiquitous in the environment. It is frequently dismissed as contaminants, however, in the proper setting these organisms have the potential to be virulent. Clinical infections caused by *B. cereus* fall into six broad groups: local infections of wounds, burns, bacteremia, CNS infections, respiratory infections, endocarditis and food poisoning. Despite aggressive treatment with broad-spectrum antibiotics and using them appropriately, the mortality is high.

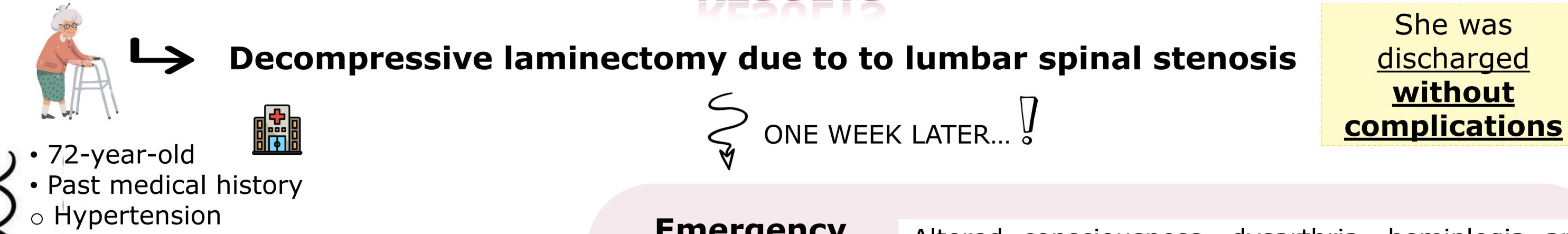
## AIM AND OBJETIVES

To describe a case of *Bacillus cereus* central nervous system infection associated with postsurgical meningitis and a patient successfully treated with antibiotics.

## MATERIAL AND METHODS

Descriptive and retrospective clinical case. Data were obtained by review of electronic medical records

## RESULTS





2

# Triple antibiotherapy with **meropenem, vancomycin and linezolid** was initiated

Clinical stability
Absence of fever
Negative microbiological cultures

## Vancomycin and meropenem were continued.

Adequate control of the source of infection
Good evolution of the surgical wound

### Emergency

room



Altered consciousness, dysarthria, hemiplegia and fever

•Blood pressure of 109/82 mmHg, heart rate 125 beats/min, SpO2 92%, and Glasgow Coma Scale score of 7/15

•CRP level 95 mg/l
•PCR testing for SARS-CoV-2 negative
•Blood culture negative

Lumbar puncture
 Bacillus cereus was isolated

### **Susceptibility to:**

Macrolides, vancomycin, clindamycin, carbapenems and quinolones

#### **Resistant to:**

β-lactamar(includingpampicillinpcephalosporin)trimethoprim/sulfamethoxazole

antibiotics penicillin, and and



Discharged without evidence of sequelae of meningeal infection, with normal neurological examination and CRP levels within normal range

## **CONCLUSIONS AND RELEVANCE**

This case highlights the clinical challenge to diagnose *B. cereus* and the importance of the delay between the detection of *B. cereus* and the establishment of an effective, targeted antibiotic therapy, specially in immunocompromised patients.



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