

PNEUMOCOCCAL MENINGITIS, AT WHAT AGE?

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Introduction: Streptococcus pneumoniae is a major cause of morbidity and mortality in childhood. More than two-thirds of invasive pneumococcal disease are described in children <2 years old. Incidence was thought to be rare in infants <2 months by maternal protection. Recently, more authors are describing cases of pneumococcal infections among this age. **Material and Methods:** Two cases of pneumococcal meningitis in infants under 2 months with important sequelae are presented. **Results:** The infants were 2 months and 36-days old. No perinatal risk factor was registered. Onset clinical features included high fever, vomits and irritability in the first case, and lethargy with grunting in the second. Hepatomegaly and poor peripheral perfusion with rapid deterioration were prominent features in case 2. Hematologic studies revealed leukocytosis and leukopenia in the 1st and 2nd infant respectively. Anemia and high C-reactive protein were present in both. Cerebrospinal fluid (CSF) showed increased protein, pleocytosis with lymphocyte predominance, and normal glucose level in the first case. Hypoglycorrachia and hyperproteinorrachia were present in case 2. S. pneumoniae was isolated from blood and CSF cultures of both patients. Ceftriaxone plus Vancomycin and Ampicillin plus Cefotaxime were the initial empiric regimen selected in 1st and 2nd cases respectively. Assisted ventilation for 3 days and blood transfusion were required in the 2nd case. Outcome was favourable in both, but important sequelae were present. The first case developed bilateral deafness, and the second infant a cerebral infarction. **Discussion:** Immunization schedules should include pneumococcal conjugate vaccine that begin at or nearest at birth.

