

CNS Infections in the ICU

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Disclosures

- No disclosures pertinent to this lecture

Learning Objectives

- Review when to suspect CNS infections in the ICU
- Discuss the most common causative organisms and locations of CNS infections in the ICU
- Recognize fulminant meningitis and its management priorities
- Identify main prognostic factors of severe CNS infections

Key Points to Remember about fulminant bacterial meningitis

- Treat EARLY and aggressively with broad antibiotic coverage and dexamethasone
- Repeat imaging if no improvement or decline
- Hydrocephalus and cerebral edema are treatable complications
- Bacterial meningitis can be fatal despite optimal management
- Fulminant bacterial meningitis causes high in-hospital mortality
- However, a majority of survivors can regain their previous level of function

Main pointers on viral encephalitis

- If any chance of HSV-1 = start acyclovir
- MRI is extremely sensitive for HSV-1
- If suspecting WNV = check serum antibodies
- Consider HHV-6 in pts with recent transplant (especially bone marrow) - treat with gancyclovir
- Propensity for seizures = low threshold to get EEG