

Acute Embolic Infarcts from *Alcaligenes Faecalis* Meningitis: A Case Report

Apoorv Prasad¹, Sanam Anwer and Carmen Martinez

Department of Neurology, State University of New York Upstate Medical University, USA

Corresponding author: Dr. Apoorv Prasad, Department of Neurology, State University of New York Upstate Medical University, 750 E Adams St, Syracuse, New York, USA, Tel: 3154645540; E-mail: prasada@upstate.edu

Rec date: Jan 06, 2016; **Acc date:** Feb 05, 2016; **Pub date:** Feb 08, 2016

Copyright: © 2016 Prasad A, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

1. *Alcaligenes Faecalis* Meningitis

Cerebrovascular complications of meningitis include vasculitis, vasospasm, venous and arterial thrombosis, intracranial aneurysm formation, and rarely, subarachnoid hemorrhage [1-5]. Stroke may be the result of any one or combinations of these processes. In this case report, we describe a rare case of acute embolic infarcts from *Alcaligenes Faecalis* meningitis.

A 44 y/o gentleman with past medical history of possible seizures not on any anti-epileptics came to the Emergency Department with headache, fever and confusion for the past two to three days. CT head did not reveal any acute intracranial process. The patient's labs showed leukocytosis with count of 206 and WBC 12. Soon after presentation, he had a witnessed generalized tonic, clonic seizure lasting 30 seconds. The patient was intubated for airway protection, placed on ASV ventilation mode and sedated with propofol. The patient was loaded with 1 gm of Levetiracetam and admitted to the Neuro-ICU service for further management.

The patient was noted to be febrile overnight. Blood cultures and lumbar puncture was performed and he was started on broad-spectrum antibiotics and acyclovir. The patient's respiratory status improved and he was extubated the following morning. CSF analysis revealed 73 leucocytes, 1580 erythrocytes with predominantly monocytes. CSF glucose was 36 and protein was 47. CSF cultures revealed growth of gram negative rod colonies which were later identified as *Alcaligenes Faecalis*. The patient was started on IV Meropenem for 21 days as per infectious disease recommendations. The patient on neurological examination was noted to be encephalopathic and had restriction of upward gaze.

CT angiogram of the head and neck revealed focal moderate stenosis of the V4 vertebral artery. MRI brain without contrast was performed and revealed foci of restricted diffusion in the