

POSTER PRESENTATION

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# A case of hospital-acquired GNB infection - *P. aeruginosa* meningoencephalitis post laparoscopic cholecystectomy for biliary pancreatitis, complicated with portal vein branch thrombosis and intracerebral ischemic and hemorrhagic lesions

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## Background

*Pseudomonas aeruginosa* infections involving the CNS usually present as meningitis or brain abscesses. The CNS invasion is the result of direct inoculation (head trauma, surgery), spread from a distant site (urinary, abdominal infections) or by direct invasion of a contiguous structure (inner ear, head sinus).

## Case report

We present the case of a female patient admitted to our clinic with a suspicion of acute bacterial meningoencephalitis, one month after a laparoscopic cholecystectomy. During the first 48 hours she presented generalized seizures, 5-6 daily, with a duration that ranged from 30 to 60 seconds, that responded to medical therapy. The CSF cultures and the pulmonary tract secretions both tested positive for *P. aeruginosa*. The antibiotic regimen consisted of iv meropenem, colistin and ciprofloxacin for 7 days, then meropenem and ciprofloxacin for 21 days. The evolution and the treatment decisions were complicated by the discovery on the cerebral MRI of bilateral frontal ischemic and hemorrhagic lesions and a portal vein branch thrombosis.

The patient registered almost complete cognitive and motor recovery, and is continuing the kinetherapy.

## Conclusion

This *P. aeruginosa* isolate had a resistance profile that permitted the use of antibiotics with good CNS penetration, which proved a decisive factor in the therapeutic success.

## Consent

Written informed consent was obtained from the patient for publication of this Case report and any accompanying images. A copy of the written consent is available for review by the Editor of this journal.

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