

COMPARISON OF CYTOLOGIC AND BIOCHEMISTRY CEREBROSPINAL FLUID (CSF) PARAMETERS BETWEEN VIRAL AND BACTERIAL MENINGITIS

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INTRODUCTION

Cerebrospinal fluid cytological and biochemical analyses are used to empirically distinguish bacterial and viral meningitis guiding early therapeutic decisions. The aim of this study was to compare CSF cytological and biochemical findings in patients with community acquired viral and bacterial meningitis.

CONCLUSION

All parameters but glucose were independently associated with meningitis etiology. Glucose was significatly lower with univariate analysis but not significant after binary logistic regression. It is possible that the lack of determination of CSF/serum glucose ratio may have precluded statistical significance with this variable with multivariate analysis.

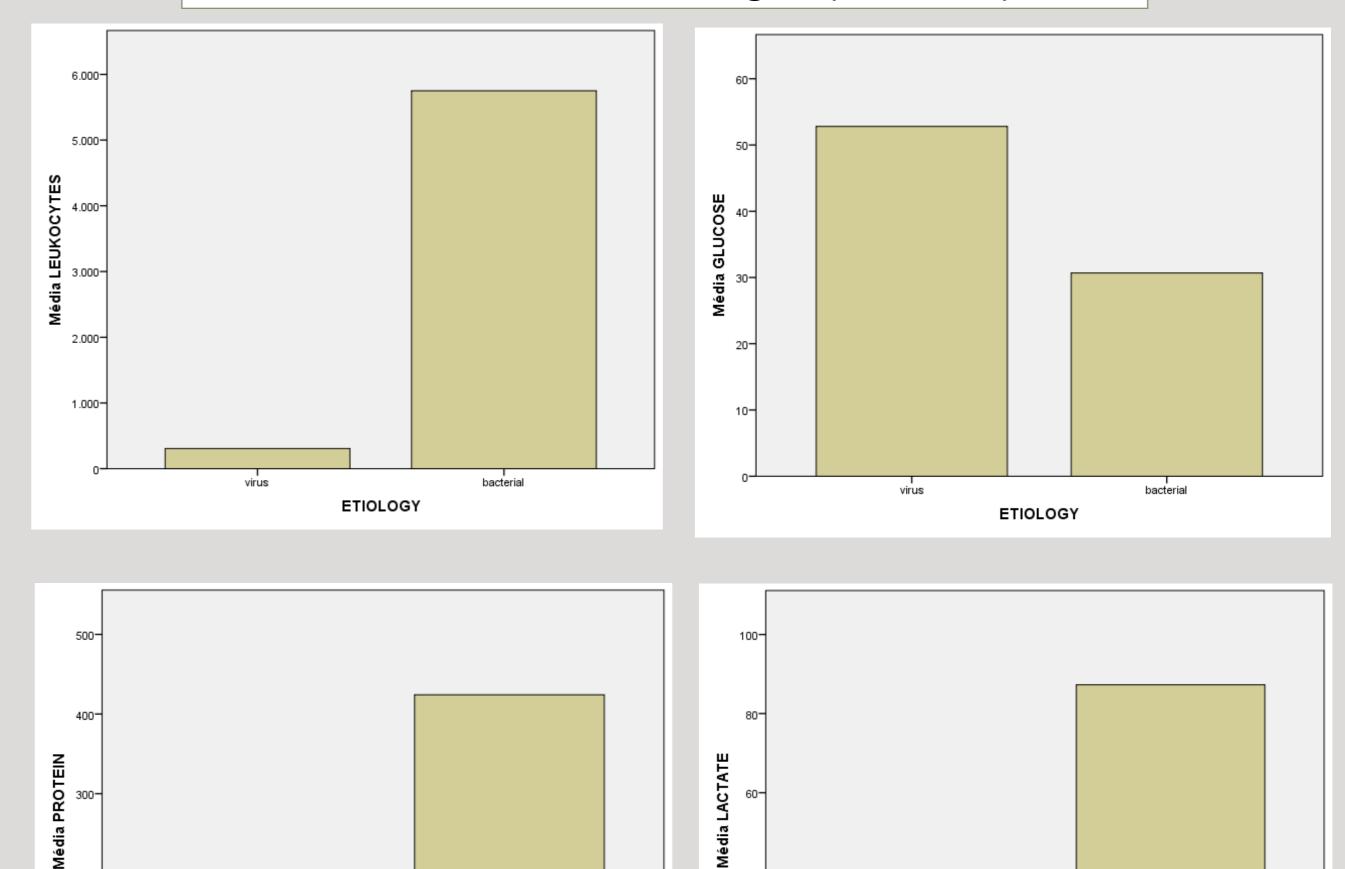
METHODS

We included CSF samples sent to "Senne Liquor Diagnostico". We considered bacterial meningitis every CSF in with at least one of the microbiological tests (bacterioscopy, latex antigen, or culture) was positive.

All cases of meningitis with enterovirus or herpes simplex positive PCR were considered of viral etiology.

Univariate CSF cytology and biochemistry data were compared with *t* test. Multivariate analysis was carried out with binary logistic regression.

Figure 1: Univariate comparisons of CSF data between viral and bacterial meningitis (P<0.0001)



RESULTS

634 CSFs of bacterial meningitis and 524 CSFs of viral meningitis were included. CSF leukocyte count was significantly higher with bacterial meningitis (5750±27512 x 306.4±424.4 mm³) (P<0,001). CSF glucose was significantly lower with bacterial meningitis (30.68±31.22 x 52.80±13.45 mg/dl) (P<0.001). CSF protein and lactate were significantly higher with bacterial meningitis (424.1±645.9 x 46.76±29.05 mg/dl, P<0.001; respectively).

After binary logistic regression the leukocytes cout, protein, and lactate remained statistical significance (P<0.0001). Glucose was the only variable not significant;y different between viral and bacterial meningitis after logistic regression (P=0.771)

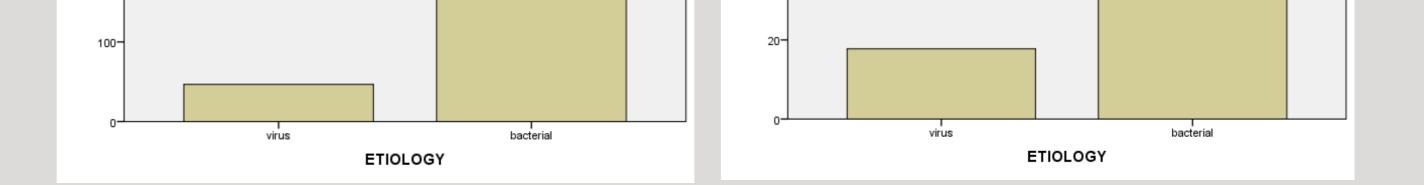


Table 1: Multivariate analysis of CSF data ofviral and bacterial meningitis

	B	S.E.	Wald	df	Sig.	Exp(B)
					C	
LEUKOCYTES	,000	,000	28,471	1	,000	1,000
GLUCOSE	,002	,006	,085	1	,771	1,002
PROTEIN	,013	,003	22,846	1	,000	1,013
LACTATE	,182	,017	116,056	1	,000	1,200
Constant	-5,981	,516	134,408	1	,000	,003
	GLUCOSE PROTEIN LACTATE	LEUKOCYTES ,000 GLUCOSE ,002 PROTEIN ,013 LACTATE ,182	LEUKOCYTES ,000 ,000 GLUCOSE ,002 ,006 PROTEIN ,013 ,003 LACTATE ,182 ,017	LEUKOCYTES ,000 ,000 28,471 GLUCOSE ,002 ,006 ,085 PROTEIN ,013 ,003 22,846 LACTATE ,182 ,017 116,056	LEUKOCYTES ,000 ,000 28,471 1 GLUCOSE ,002 ,006 ,085 1 PROTEIN ,013 ,003 22,846 1 LACTATE ,182 ,017 116,056 1	LEUKOCYTES ,000 ,000 28,471 1 ,000 GLUCOSE ,002 ,006 ,085 1 ,771 PROTEIN ,013 ,003 22,846 1 ,000 LACTATE ,182 ,017 116,056 1 ,000



van Ettekoven CN, van de Beek D, Brower MC. Update on communityácquired bacterial meningitis: guidance and challenges. Clin Microbiol Infect 2017;17:30230-6.

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Brouwer MC, van de Beek D. Management of bacterial central nervous system infections. Handb Clin Neurol. 2017;140:349-364.