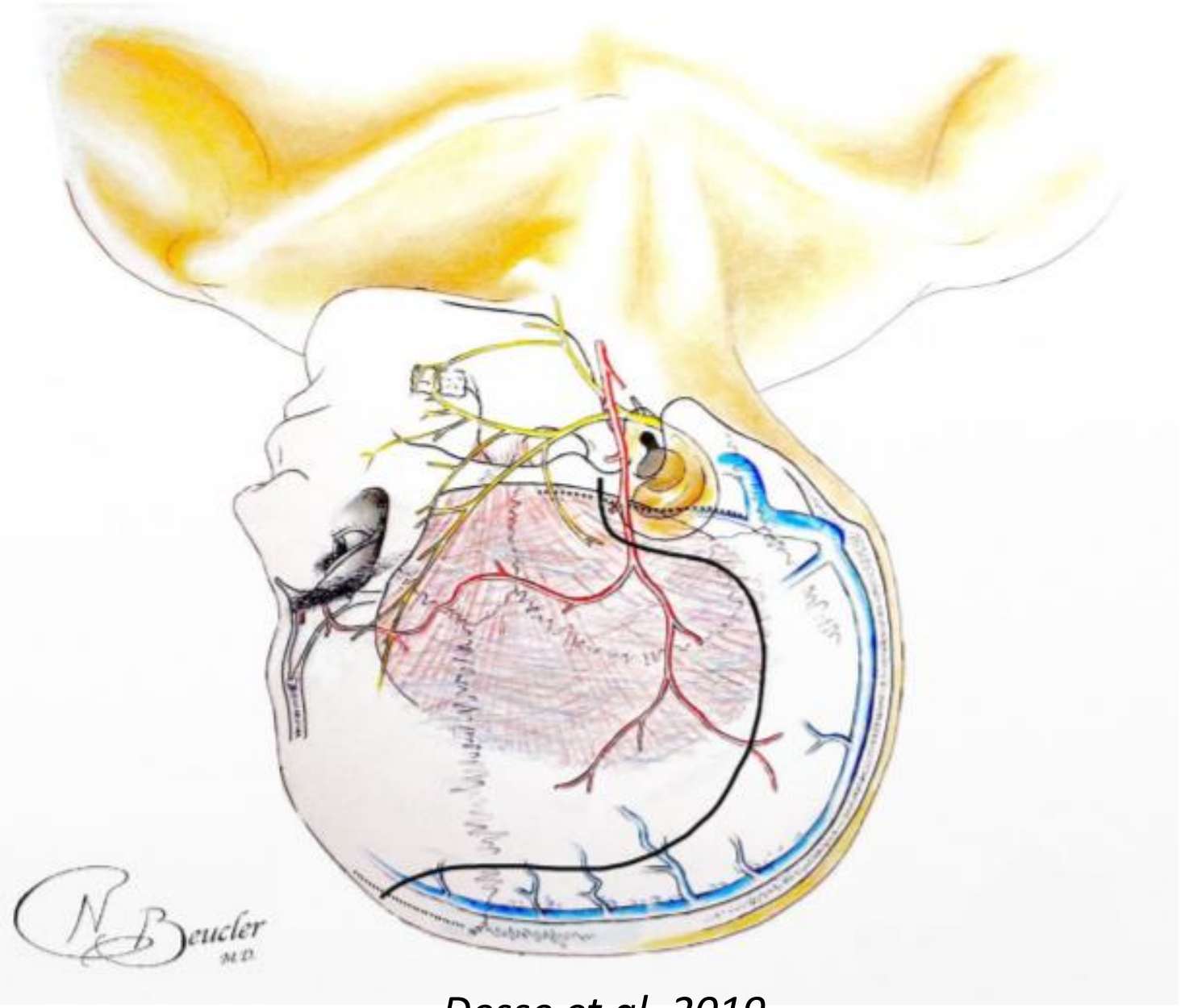
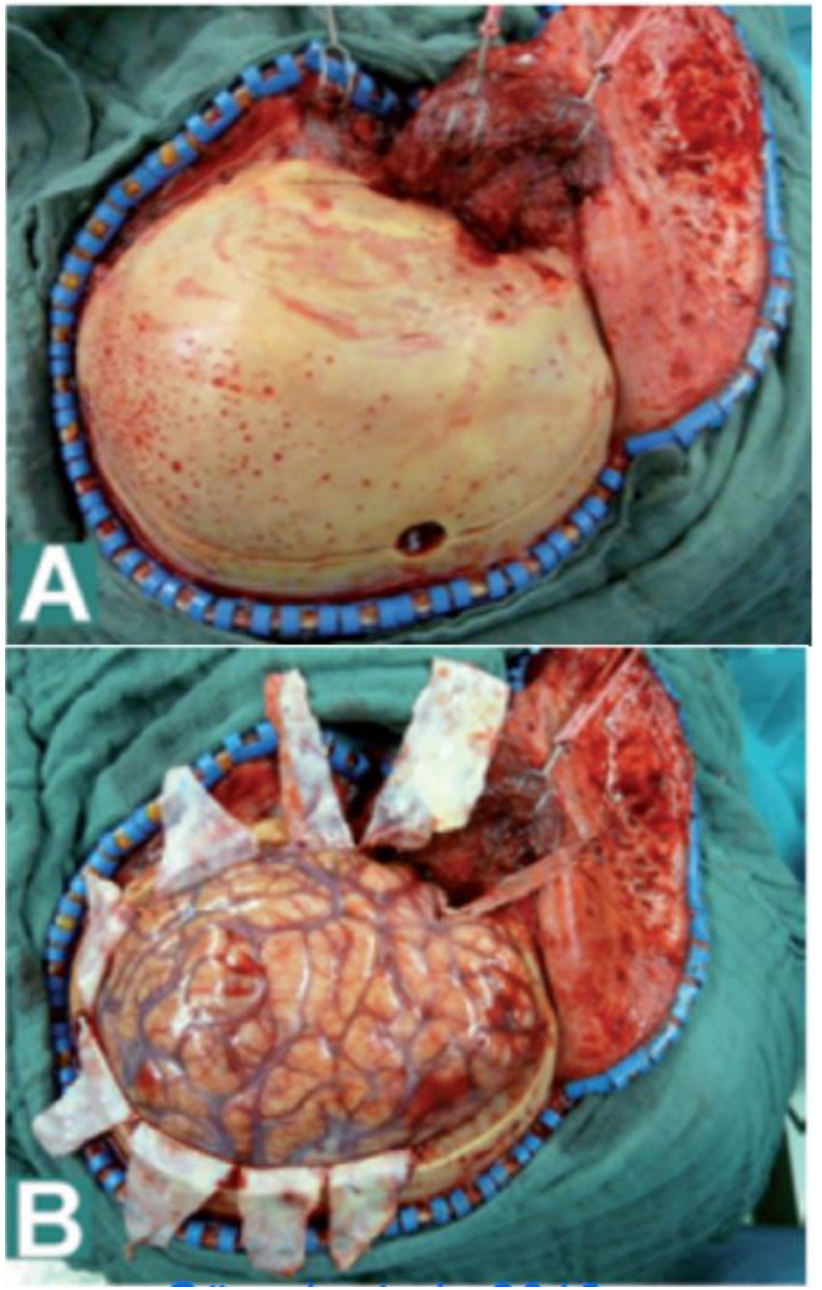
Intérêt de la craniectomie décompressive dans les méningo-encéphalites infectieuses :

Discussion de cas & Revue de la littérature

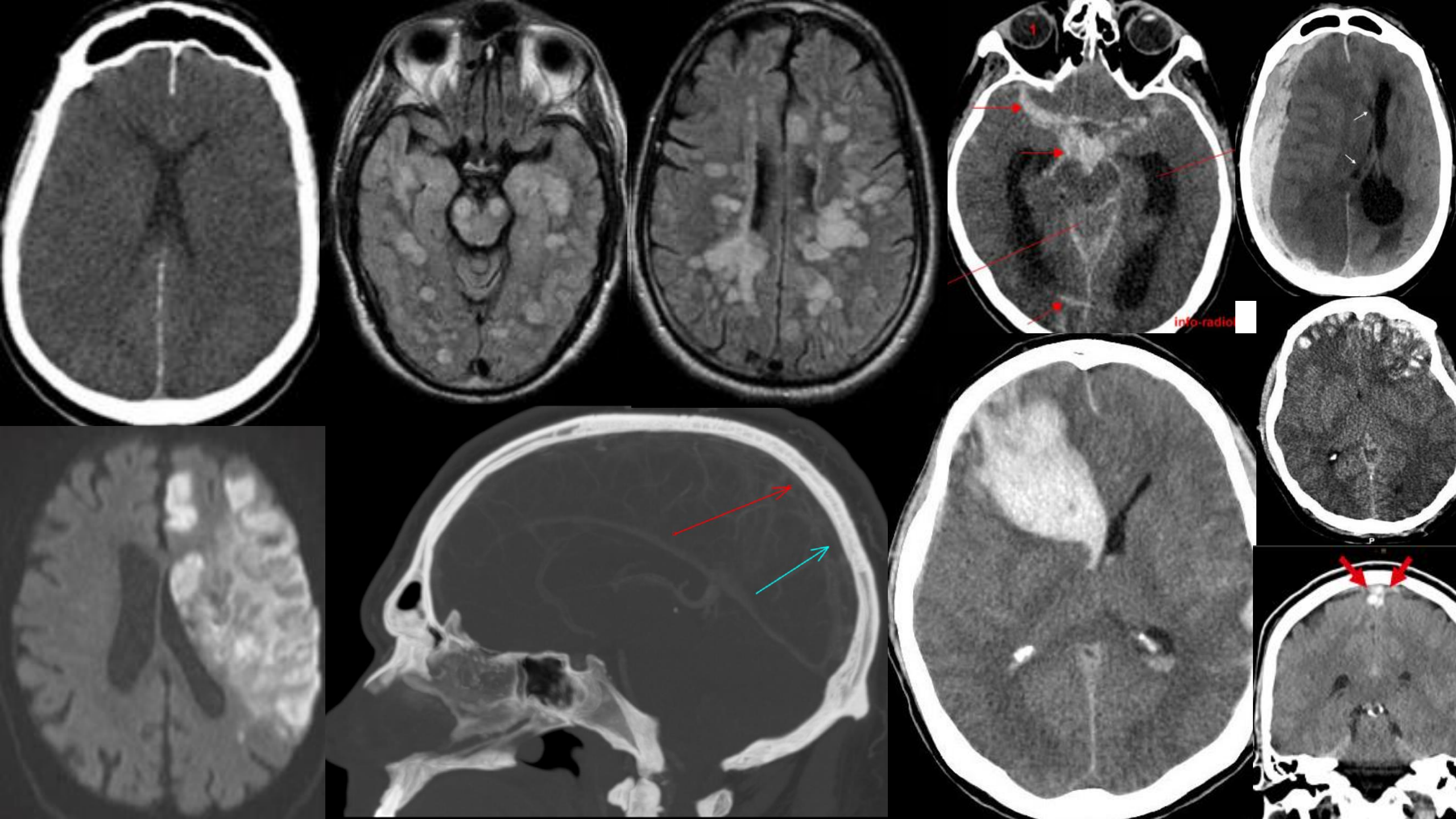
***A. Choucha**, S. Boissonneau, N. Beucler, T.Graillon, S. Ranque, N Bruder, S. Fuentes, L. Velly, H. Dufour*



Desse et al. 2019



Güresir et al. 2010


info-radio

Objectif

MÉNINGO ENCÉPHALITE INFECTIEUSE

+

HTIC RÉFRACTAIRE

CRANIECTOMIE DÉCOMPRESSIVE ?

Méthode

- 2 CAS DE NOTRE INSTITUTION
- REVUE DE LA LITTÉRATURE
- CRITÈRE DE JUGEMENT PRINCIPAL :

  GLASGOW OUTCOME SCALE EXTENDED (GOS / GOS-E) À 1 AN

Glasgow Outcome Scale

1	**Décès**
2	**État végétatif persistant** (Absence d'activité corticale)
3	**Handicap sévère** (Conscient mais dépendant : atteinte mentale ou motrice ou les deux)
4	**Handicap modéré**. Patient cependant autonome dans la vie quotidienne (dysphasie, hémiparésie, ataxie, troubles intellectuels ou de mémoire, troubles de la personnalité)
5	**Bonne récupération** Activités normales (déficits neurologiques ou psychologiques mineurs)

JENNETT Lancet 1975

OPEN ACCESS Freely available online

PLOS ONE

Encephalitis Hospitalization Rates and Inpatient Mortality in the United States, 2000-2010

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Abstract

Background: Encephalitis rates by etiology and acute-phase outcomes for encephalitis in the 21st century are largely unknown. We sought to evaluate cause-specific rates of encephalitis hospitalizations and predictors of inpatient mortality in the United States.

Methods: Using the Nationwide Inpatient Sample (NIS) from 2000 to 2010, a retrospective observational study of 238,567 patients (mean [SD] age, 44.8 [24.0] years) hospitalized within non-federal, acute care hospitals in the U.S. with a diagnosis of encephalitis was conducted. Hospitalization rates were calculated using population-level estimates of disease from the NIS and population estimates from the *United States Census Bureau*. Adjusted odds of mortality were calculated for patients included in the study.

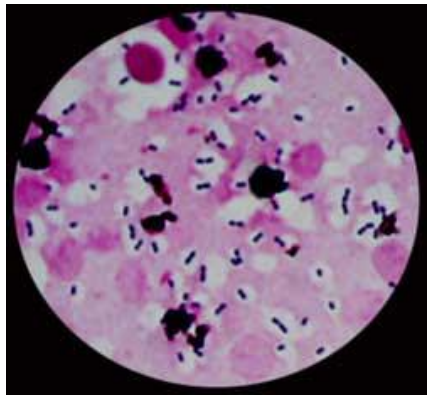
Results: In the U.S. from 2000–2010, there were 7.3±0.2 encephalitis hospitalizations per 100,000 population (95% CI: 7.1–7.6). Encephalitis hospitalization rates were highest among females (7.6±0.2 per 100,000) and those <1 year and >65 years of age with rates of 13.5±0.9 and 14.1±0.4 per 100,000, respectively. Etiology was unknown for approximately 50% of cases. Among patients with identified etiology, viral causes were most common (48.2%), followed by Other Specified causes (32.5%), which included predominantly autoimmune conditions. The most common infectious agents were herpes simplex virus, toxoplasma, and West Nile virus. Comorbid HIV infection was present in 7.7% of hospitalizations. Average length of stay was 11.2 days with mortality of 5.6%. In regression analysis, patients with comorbid HIV/AIDS or cancer had increased odds of mortality (odds ratio [OR] =1.70; 95% CI: 1.30–2.22 and OR=2.26; 95% CI: 1.88–2.71, respectively). Enteroviral, postinfectious, toxic, and Other Specified causes were associated with lower odds vs. herpes simplex encephalitis.

Conclusions: While encephalitis and encephalitis-related mortality impose a considerable burden in the U.S. in the 21st Century, the reported demographics of hospitalized encephalitis patients may be changing.

George et Al. Plos One 2014 : Encephalitis Hospitalization Rates and Inpatient Mortality in the United States, 2000-2010

Résultats

- Adénome hypophysaire corticotrope par voie trans-phénoïdale – Comblement avec graisse abdominal
- J20 : Céphalée fébrile et altération de la vigilance



Aspect	**Purulent**
Protidorrachie	4,33g/L
Glycorrachie	0,2mmol/L
Leucocytes	24 000/mm3

Diplocoques gram +

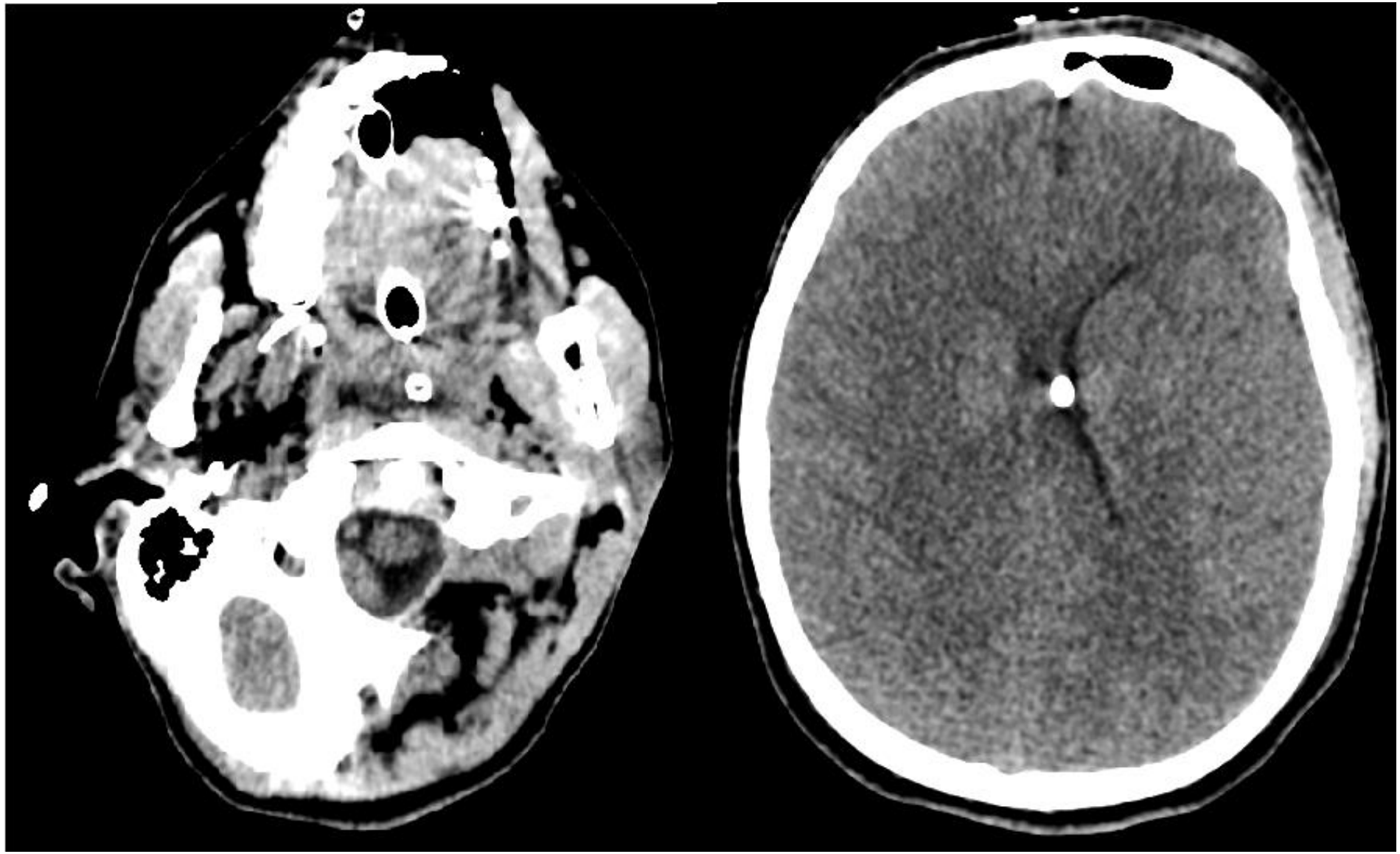
Streptococcus Pneumoniae

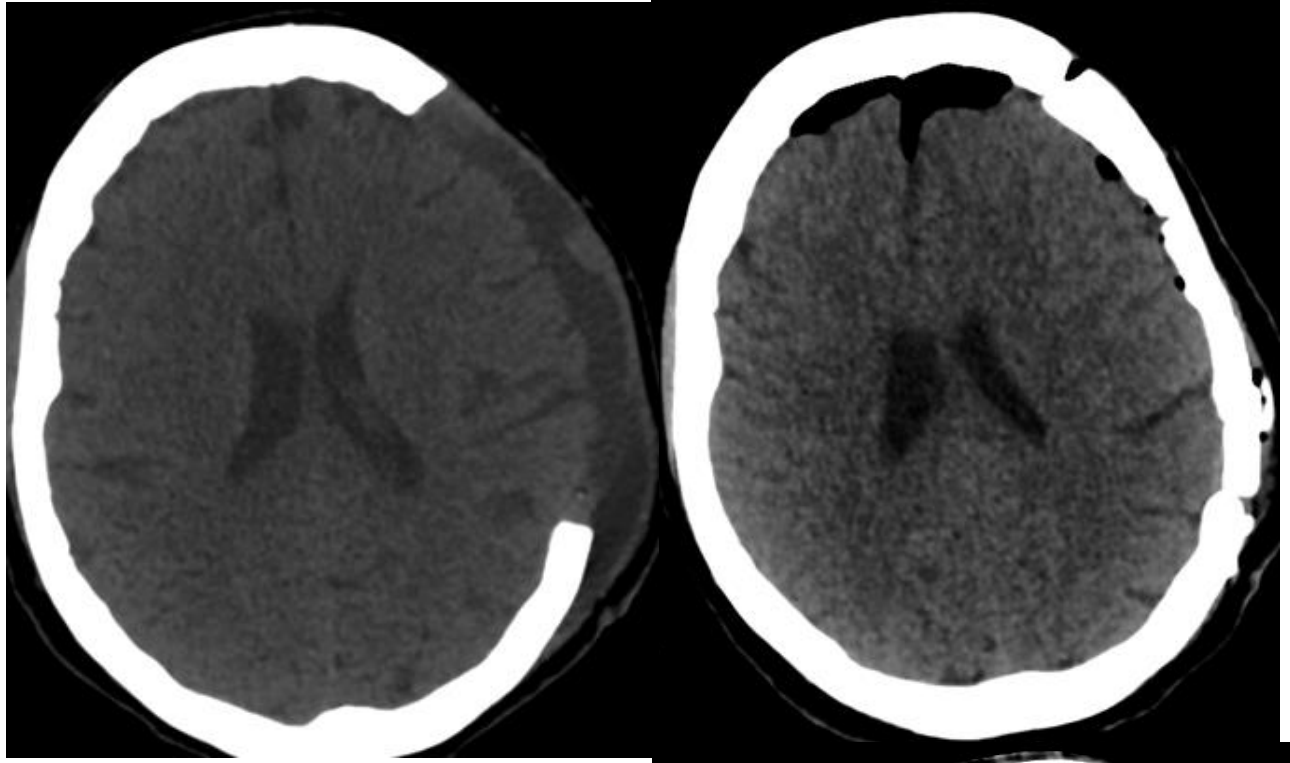
- Céphalée afébrile – patient de 19 ans sans antécédent

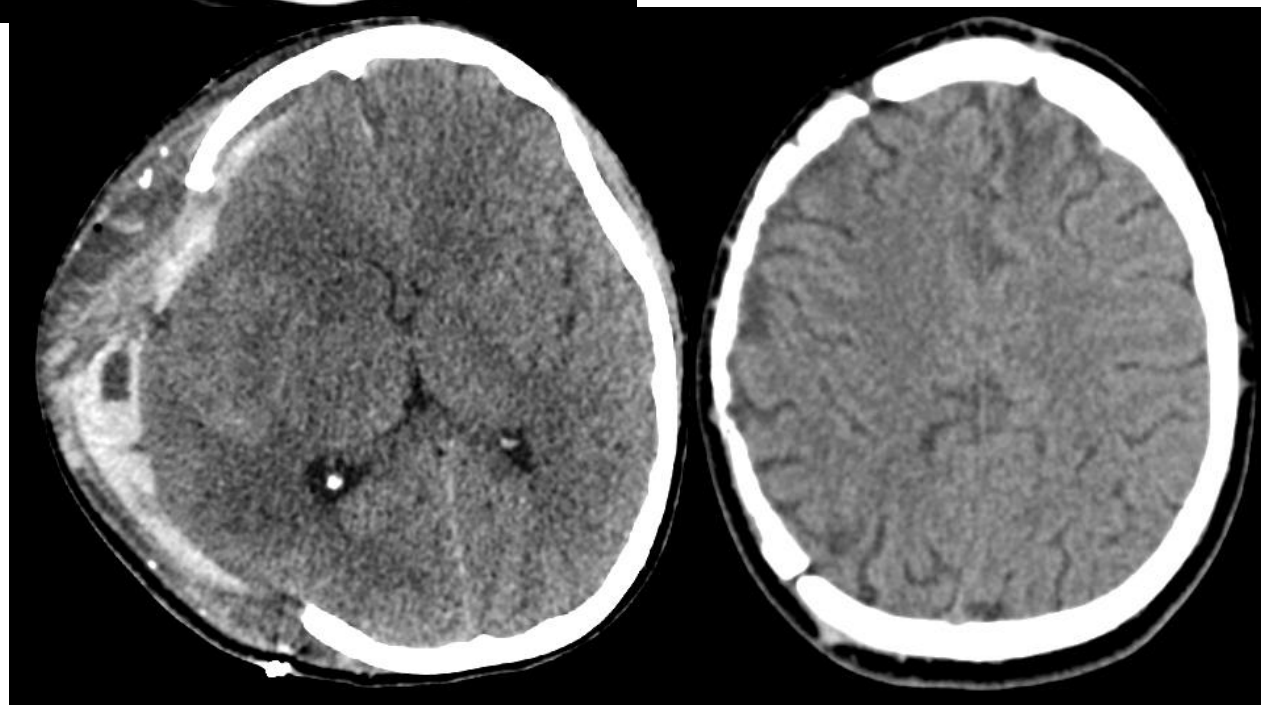
Aspect	**Clair**
Protidorrachie	0,46g/L
Glycorrachie	0,53g/L
Leucocytes	400/mm3

Examen direct négatif

Cryptococcus Gatii







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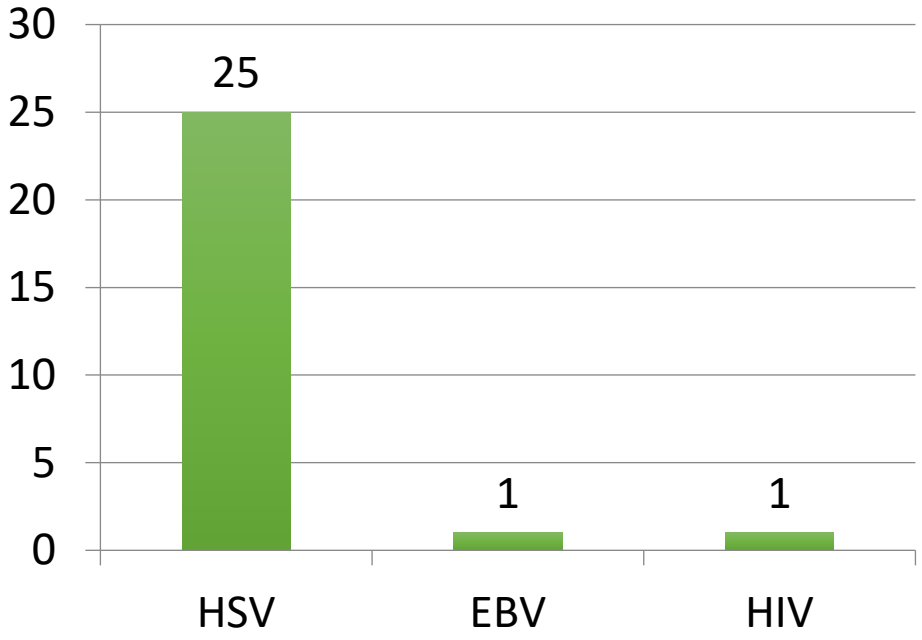
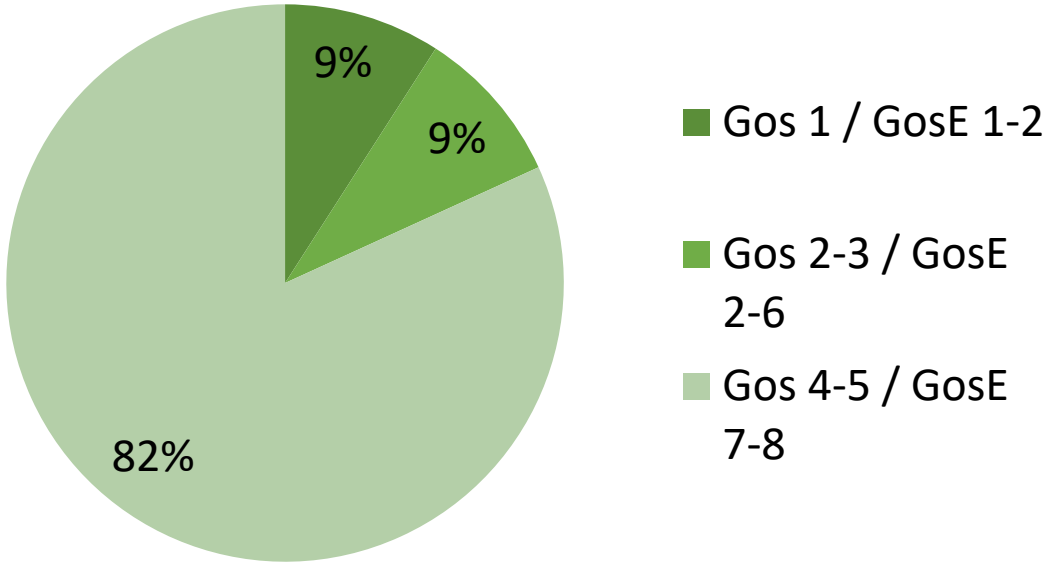
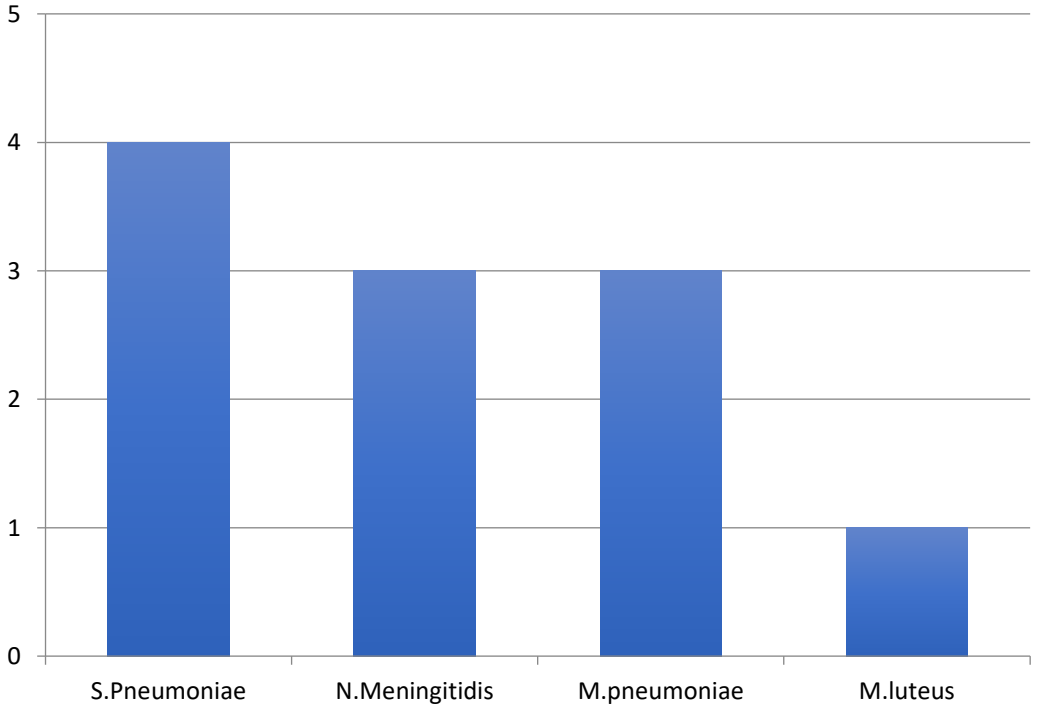
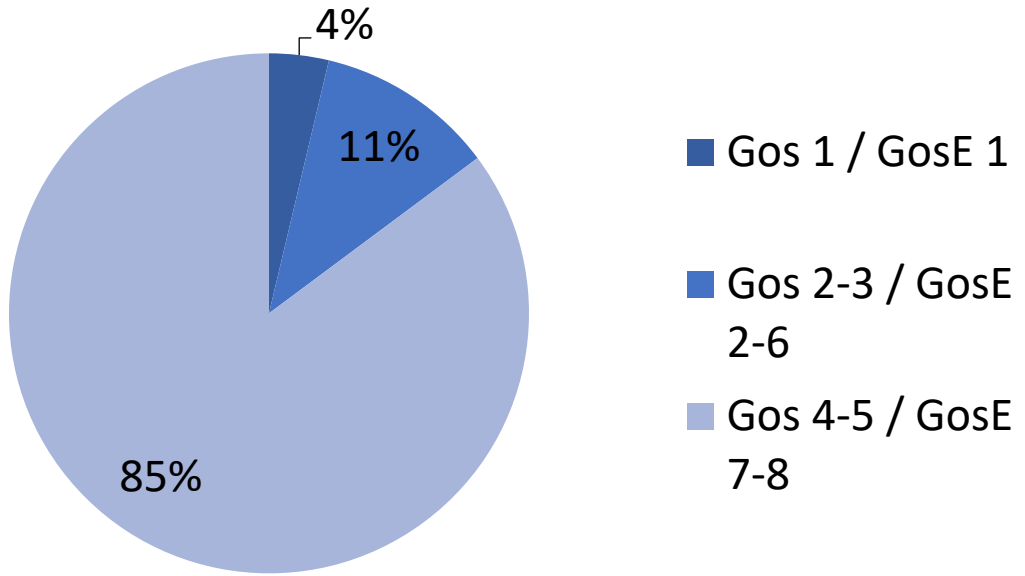
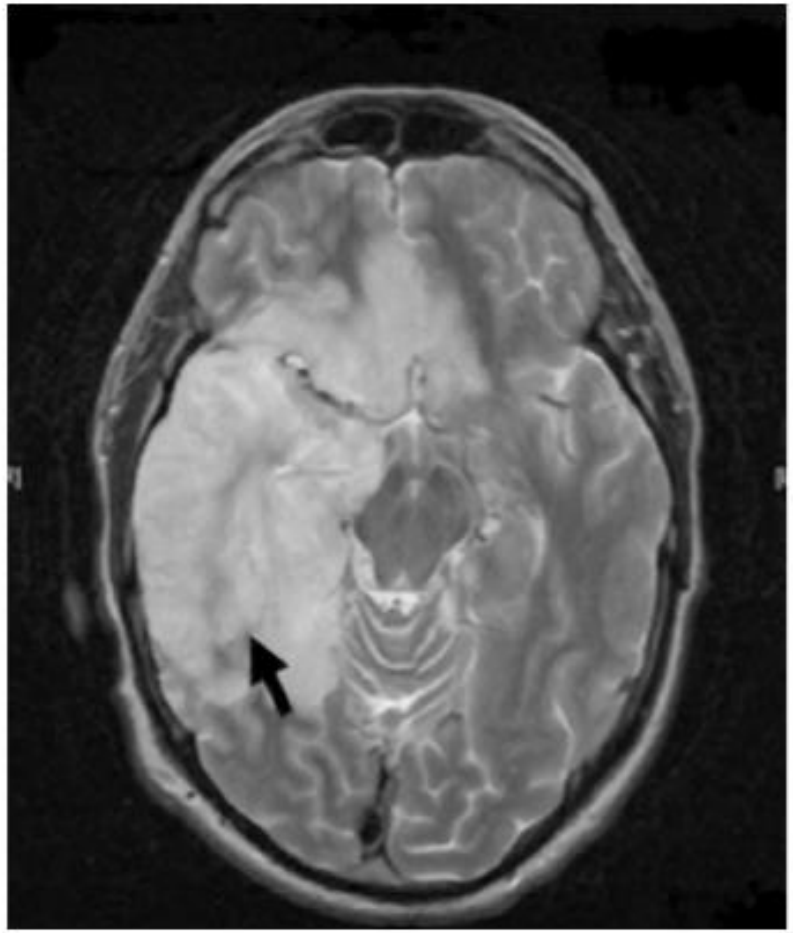

30
25
20
15
10
5
0
25
1
1
HSV
EBV
HIV

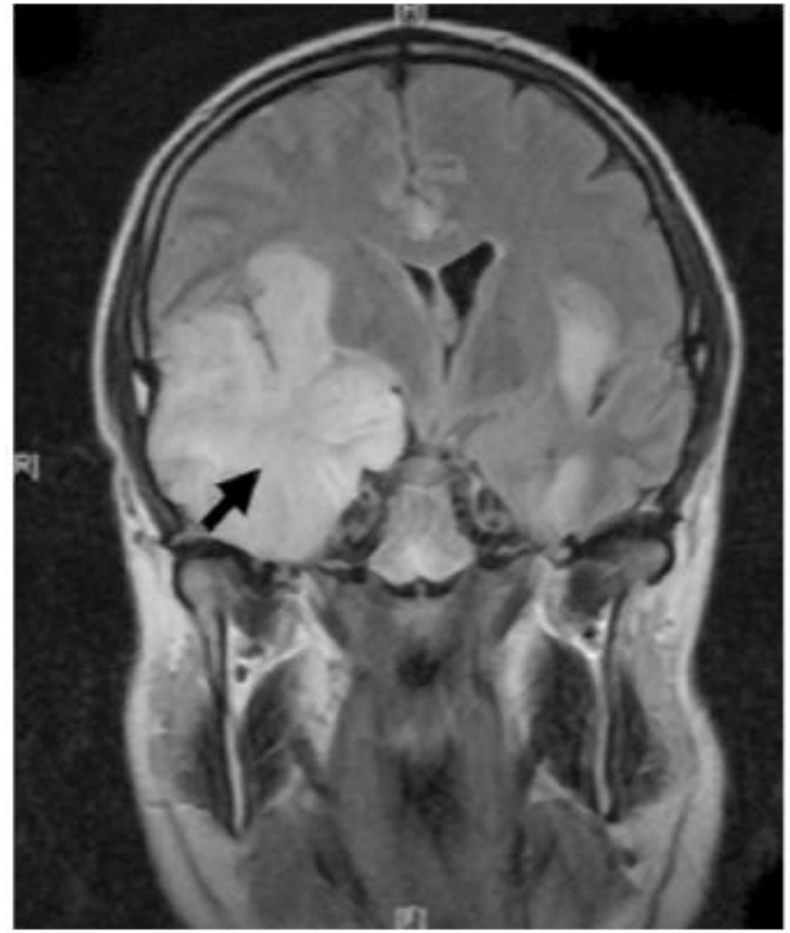

9%
9%
82%
Gos 1 / GosE 1-2
Gos 2-3 / GosE 2-6
Gos 4-5 / GosE 7-8

1/3


5
4
3
2
1
0
S.Pneumoniae
N.Meningitidis
M.pneumoniae
M.luteus


4%
11%
85%
Gos 1 / GosE 1
Gos 2-3 / GosE 2-6
Gos 4-5 / GosE 7-8





Mais le travail n’est pas fini !

- Biais de publication
- Manque d’information (délais)
- Manque d’harmonisation sur la prise en charge médicale

Nécessité d’une étude prospective

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Merci de votre attention