Neurobrucellosis

CNS involvement is a serious complication of brucellosis; data found in the literature are generally restricted to case reports and case series [1]. Headache, fever, sweating, weight loss, and back pain were the predominant symptoms, hypoesthesia, and splenomegaly were the most frequent findings. The major complications in patients were cranial nerve involvement, polyneuropathy, depression, paraplegia, stroke, and abscess formation [2, 3]. The clinician should use every possible means to diagnose chronic neurobrucellosis. The high seropositivitiy in brucellar blood tests must facilitate the use of blood serology. Although STA should be preferred over RBT in CSF in probable neurobrucellosis other than the acute form of the disease, RBT is not as weak as expected. Moreover, automated culture systems should be applied when CSF culture is needed [4]. Antibiotics had been used in different combinations and over different intervals [5]. The treatment period was shown to be shorter with the ceftriaxone-based regimens, which appears to be more effective than oral combinations. In addition, the development of complications was less likely during the course of treatment with ceftriaxone based regimens. Thus optimal treatment included the one-month of ceftriaxone combined to doxycycline and rifampicin for 4-5 months [3]. In conclusion, neurobrucellosis is a disastrous disease that causes permanent damage, although mortality is rare with suitable antibiotics. For this reason, a thorough evaluation of the patient with probable disease is crucial for an accurate diagnosis and proper management of the disease. References: 1. Gul HC, Erdem H, Gorenek L, et al. Management of neurobrucellosis: An assessment of 11 cases. Intern Med. 2008; 47: 995-1001. 2. Gul HC, Erdem H, Bek S. Overview of neurobrucellosis: A pooled analysis of 187 cases. Int J Infect Dis. 2009; 13: e339-343. 3. Erdem H, Ulu A, Kilic S, et al. The efficacy and tolerability of antibiotic combinations in neurobrucellosis: Results of the istanbul study. Antimicrob Agents Chemother. 2012; 56: 1523-1528. 4. Erdem H, Kilic S, Sener B, et al. Diagnosis of chronic brucellar meningitis and meningoencephalitis: The results of istanbul-2 study. Clin Microbiol Infect (In press). 5. Pappas G, Akritidis N, Christou L. Treatment of neurobrucellosis: What is known and what remains to be answered. Expert Rev Anti Infect Ther. 2007; 5: 983-990.