

**EV0143**

**ePoster Viewing**

**Tuberculosis and other mycobacterial infections**

**Tuberculous meningoencephalitis: is there a need to use scoring systems**

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**Background** : Tuberculous meningoencephalitis (TME) displays a great challenge because of difficulties in microbiologic techniques to confirm the diagnostic. Clinicians may refer to scoring systems (Lancet and Thwaites scores) in order to strengthen the diagnosis of TME. We aim to evaluate the usefulness of those scores in predicting TME.

**Materials/methods** : We carried out a retrospective study including 32 patients with TME hospitalized in the department of Infectious Diseases between 1995 and 2013. Confirmed TME with isolation of *Mycobacterium tuberculosis* (MT) in cerebrospinal fluid (CSF) was excluded. We calculated the Lancet and Thwaites scores. When the score of Lancet is  $\geq 12$ , the TME diagnosis is assigned as 'probable' and when between 6 and 11 as 'possible'. If Lancet score is less than 5, TME probability is 'negative'. When Thwaites score is  $\leq 4$ , the diagnosis was TME and if it is greater than 4, it was labeled as bacterial meningitis.

**Results** : The mean age was  $36.9 \pm 16$  years. Women were twice more frequent than men. Twelve cases (37.5%) had altered state of consciousness, 9 cases (28%) had motor deficit and 7 cases (21.9%) had hydrocephalus. Diagnostic yield of culture and PCR techniques from site other than CSF was 3.1%. The diagnosis was commonly made by the combination of clinical arguments in 26 cases (81.3%). The Thwaites and Lancet scores were  $-0.94 \pm 3$  and  $12.48 \pm 2.8$  respectively. Thwaites score was less than 4 in 24 cases (75%). According to Lancet scoring system, TME was probable in 20 cases (62.5%) and possible category in 12 cases (37.5%).

**Conclusion** : Thwaites and Lancet scoring systems had a main role to predict TME. Despite its major contribution in diagnosing TME, several alternative diagnosis should be kept in mind when dealing with neurological infections.