MENINGOCOCCAL SEPSIS AND SEPTIC SHOCK: A CASE REPORT

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INTRODUCTION

Neisseria meningitidis is a Gram-negative bacteria that can be highly pathogenic in humans and responsible for life-threatening diseases in pediatric patients. Nowadays, the main serogroup is B, which is not covered by portuguese vaccinal program, but is available for purchase.

CASE REPORT

Rapidly progressed to **cold shock**:

- labial cyanosis
- capillary refill of 6 seconds
- tachycardia
- hypotension and anuria

Blood workout:

- Leukocytes 5520/uL, neutrophils 1159/uL
- CRP 89mg/L
- Creatinine 0,44mg/dl, urea 52mg/dl
- **Metabolic acidosis, lactates 5mmol/L**

Ventilatory support
Inotropic support
(dopamine, adrenaline, dobutamine)
Ceftriaxone and vancomycin

Transferred to intensive care unit

- **Refractory shock**
- **Purpuric rash**
- **Disseminated intravascular coagulation**

Volume expansion
Transfusion of blood components
Inotropic support adjusted
(adrenaline, noradrenaline, milrinone)

24 HOURS:

Renal insufficiency with anasarca → hemofiltration

Blood cultures:
Neisseria meningitidis
serogroup B

Hemofiltration for 7 days
Ventilatory and inotropic support for 10 days

Thoracic and abdominal hemorrhagic lesions improved
Hemorrhagic lesions of the extremities → necrosis >> hands and feet amputations

At 7 months old: unremarkable neurologic exam, with normal cerebral MRI

CONCLUSION

Meningococcal infection has a high mortality and morbidity in children. Aggressive initial shock approach, early antibiotics and precocious referral are potential factors with impact in reducing its mortality. Vaccination with this serogroup may have a role in prevention of this serious illness