Streptococcal Meningitis Complicating Myelography: Report of Additional Cases

Sir—The article by Gelfand and Abolnik [1] on streptococcal meningitis complicating myelography was of interest, as over the past 5 years I have seen two such cases; both were due to viridans streptococci and occurred following performance of routine lumbar punctures for myelography. I have found two additional case reports [2, 3] to add to those described by these authors and believe that the association must be more readily recognized.

There is one possible reason for the unusual occurrence of meningitis due to bacteria normally found in the mouth—usually viridans streptococci—that was not considered in the review. As these organisms are predominantly oropharyngeal flora, I believe hematogenous spread is most likely, but I do not believe inoculation of the pathogens into the CSF via the spinal needle is the mechanism. I hypothesize that the spinal needle causes a small hematoma and a CSF leak breaking the blood-brain barrier; this may result in a transient bacteremia [4] having ready access to the CSF space. I believe that this contamination could occur at any time from 6 to 12 hours (if not longer) after the myelographic procedure; because many patients are awake during the procedure, it may very well occur with the clenching of teeth because of pain. Although not indicated for all patients, I believe that this group of patients should be given prophylactic antimicrobials before any additional myelographic procedure is performed. The increased use of MRI for diagnosis of cerebrospinal disease should lead to a decrease in this complication. I compliment the authors on a fascinating and thorough review article.

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References