

## Bacterial Meningitis and Multi-Organ Involvement in a 60-Year-Old Male

A 60-year-old male presented to the hospital with high-grade fever, headache, and vomiting episodes. The patient had been experiencing these symptoms for the past two days and had altered sensorium since the day of admission. The patient was referred to VishwaRaj hospital for further evaluation and management.

After being transferred to the ICU, the patient underwent a lumbar puncture that identified pyogenic meningitis caused by *Streptococcus pneumoniae*. To treat the condition, the patient was administered antibiotics, antivirals, and steroids. However, the patient's condition deteriorated, resulting in intubation due to restlessness and altered sensorium. The patient also received Noradrenaline infusion to manage hypotension, and Cardarone was administered to treat atrial fibrillation that developed during a weaning trial. Further investigation revealed pulmonary edema and global LV hypokinesia with an LVEF of 40% through HRCT and 2D echo, respectively. Tab Dilzem 30mg was administered, and a tracheostomy was performed as weaning proved to be difficult.

The patient gradually improved, and intermittent fever was observed. *Acinetobacter baumannii* infection was detected through TT c/s, and treatment was initiated. The patient's general condition continued to improve, leading to decannulation, and the symptoms eventually resolved.

The patient is now haemodynamically stable.



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