

SEQUELAE OF MENINGOCOCCAL MENINGITIS IN CHILDREN: CRITICAL ANALYSIS ON DEXAMETHASONE USAGE (Abstract)*. Thesis. São Paulo, 1994.**ERASMO BARBANTE CASELLA****

This study consisted in the evaluation and follow up of 81 children admitted to Hospital Universitário - USP, with the diagnosis of meningococcal meningitis, in a meaning of comparing sequelae occurrence with dexamethasone being used as an adjunctive therapy.

The children were split in four groups: I - 25 patients received the first dose of dexamethasone at least 10 minutes before antibiotic initiation; II - 19 patients received concomitantly dexamethasone and antibiotic treatment; III - 14 patients received dexamethasone after the antibiotic; and IV - 23 patients received antibiotic therapy alone. Dexamethasone, when it was used, was given during four days (0.5 mg/kg/daily), intravenously. In the 81 patients included in this study, there were 40 (49.38%) males and 41 (50.62%) females, ranging in age from two to 150 months. It was isolated group B *N. meningitidis* in 54.32% of the patients, group C in 22%, other groups of *N. meningitidis* in 2.46% and approximately 21% were not grouped.

It was observed some kind of sequelae in 28.39% of the survivors; and 28.39% of the patients evolved with sequelae or death. The follow up period of examination was in media 36.93 months (median 35 months) and neurological abnormalities (seizures, motor abnormalities, behavior problems, neuropsychomotor delay, learning and language disorders) were observed in 16.17% of the children. The patients of group I were less affected with 8.6% of neurological sequelae, which occurred in 14.28% in the groups II and III, and in 29.04% in the group IV, without statistically significant difference. The comparative study of the occurrence of neurological sequelae in patients of the group I, II and III (11.76%) or only groups I and II (10.81%) with patients of group IV (29.41%) showed no beneficial effect among the groups. Hearing loss was detected in 11.11% of the patients, and no statistically significant differences were noted among the four groups. The psychometric evaluation of the children was made through Wechsler scale for children and for preschool, and it was found mild mental retardation in one patient of group I and another one from group III. The final analysis of the global sequelae (neurological, audiological and intellectual) also did not show significant differences among the four groups (group I - 15%; group II - 23.07%; group III - 41.67%; group IV - 31.25%). In this matter, the comparative study of the occurrence of the global sequelae in patients of the group I, II and III (in the same time) or only groups I and II with patients of group IV also showed no beneficial effects with dexamethasone utilization.

As a conclusion, this study did not show any improvement with dexamethasone in meningococcal meningitis.

KEY WORDS: meningococcal meningitis, children, sequelae, dexamethasone.

*Sequelas de meningite meningocócica em crianças: análise crítica do uso da dexametasona (Resumo). Tese de Doutorado, Faculdade de Medicina da Universidade de São Paulo (Departamento de Neurologia). Orientador: Saul Cypel.

** *Adress: Rua Oscar Freire 1827 - 05409-001 São Paulo SP - Brasil.*
