

1459. Adjunctive Corticosteroid Therapy in the Treatment of Coccidioidal Meningitis

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Background. Coccidioidal meningitis is a morbid condition with severe consequences including stroke or the development of hydrocephalus. Adjunctive corticosteroid therapy has been examined in the treatment of other CNS infections and has shown a survival benefit in the treatment of tuberculous meningitis. We sought to determine if any benefit was observed in those given corticosteroid therapy during treatment of coccidioidomycosis associated cerebrovascular accident (CVA).

Methods. As part of a multicenter retrospective study all patients with coccidioidal meningitis were identified and underwent chart review. Clinical variables including

demographic data, patient symptoms and exam findings, serum coccidioidal CF antibody titers, CSF results, and the onset of a CVA attributed to their diagnosis of coccidioidomycosis were abstracted. The use of corticosteroids as adjunctive therapy was included for dose, duration, and the presence of additional CVA symptoms after starting corticosteroids.

Results. One-hundred five patients with coccidioidal meningitis were identified and all were included for analysis. A CVA occurred in 18/105 (17%) patients. Fifteen patients received corticosteroids as adjunctive therapy, while three received only standard antifungal treatment. Dexamethasone was the most commonly prescribed corticosteroid and the majority of patients received 10mg followed by 4mg four times daily (9/15). All three patients without adjunctive therapy experienced a second CVA, while only 1/15 (7%) receiving adjunctive treatment experienced a second CVA. This difference was highly significant ($P = 0.0049$). There was no difference in time to discharge, AEs, or patient mortality at 90 days.

Conclusion. Adjunctive corticosteroid therapy reduced the rate of recurrent CVA in patients with coccidioidal meningitis and was well tolerated with few adverse events. Those with coccidioidomycosis associated CVA may benefit from a corticosteroid taper.

Disclosures. **B. Spellberg**, GlaxoSmithKline, Adenium, Spero Therapeutics, Anacor, Synthetic Biologics, Novartis: Consultant, Consulting fee **R. H. Johnson**, Astellas Pharma US: Speaker's Bureau, Speaker honorarium; Forest Pharmaceuticals: Speaker's Bureau, Speaker honorarium; Pfizer Inc.: Investigator, Research support; Chevron: Grant Investigator, Grant recipient