

[LETTERS TO THE EDITOR]

Initial Narrow- or Broad-spectrum Treatment for Meningoencephalitis

Key words: *Campylobacter fetus*, meningoencephalitis, carbapenem, ampicillin, resistance

(Intern Med 59: 463, 2020)

(DOI: 10.2169/internalmedicine.3249-19)

To the Editor We read with interest the article, “Meningoencephalitis Caused by a *Campylobacter Fetus* in a Patient with Chronic Alcoholism” by Tanabe, et al. in an Advanced Publication of Internal Medicine (1). The patient’s clinical course, as described by the medical team, reflects their struggle with a pathogen that is difficult to identify and treat. We strongly appreciate their eager and fervent treatment of this patient. However, two important clinical issues should be noted in relation to *Campylobacter fetus* (*C. fetus*) infection: the treatment choice and antibiotic susceptibility.

The medical team described the patient’s initial clinical course as bacteremia, followed by suspected meningoencephalitis, and, finally, a definitive diagnosis of *C. fetus* meningoencephalitis was made. In principle, empiric therapies should contain broad-spectrum antibiotics if suspected pathogens have known drug resistance. Some studies have already reported antibiotic resistance (2) and relapse after initial treatment (3). Case numbers 1 and 2 in this article (1) were initially treated with amoxicillin and ceftriaxone. While meningitis relapsed one week after these treatments, carbapenems were successfully administered (3). We can under-

stand the authors’ logical thinking based upon subtle insight and the fact that the narrower spectrum antibiotics throughout the clinical course are “beautiful”. However, with the wisdom of hindsight, such practice may imperil the patient, as it may lead to treatment failure. Physicians should consider the risk of treatment failure in the real world, even if tackling less virulent pathogens. Thus, initial treatment with ceftriaxone might have been a suitable alternative to carbapenems in this case (3, 4). After determining antibiotic susceptibility, ampicillin should be the drug of choice.

The authors state that they have no Conflict of Interest (COI).

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References

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