IMAGES IN EMERGENCY MEDICINE

Infectious Disease



Male infant with fever

Thomas Caldwell MD | Jared Cohen MD ©

Department of Emergency Medicine, Brooke Army Medical Center, Fort Sam Houston, Texas, USA

Thomas Caldwell, 3551 Roger Brooke Dr, Department of Emergency Medicine, Brooke Army Medical Center, Fort Sam Houston, TX 78234, USA. Email: tcaldwell121295@gmail.com

KEYWORDS

bacterial meningitis, COVID-19, fontanelle, infantile sepsis

1 | CASE PRESENTATION

A 7-month-old, fully vaccinated male child presented to the emergency department for 1 day of fever, decreased oral intake, vomiting, and poor latching. Mom states that he is acting like himself with the exception of poor feeding. The patient was born at term and his only other illness was a COVID-19 infection 2 weeks prior. He had fever for 2 days with COVID-19 and then had an uneventful recovery. On examination, the patient was GCS15 and without distress but noted to have a bulging fontanelle.

2 | DIAGNOSIS: Haemophilus influenzae CAUSING **BACTERIAL MENINGITIS**

Given the patient's bulging fontanelle and fever, initial management began with a sepsis evaluation and broad-spectrum antibiotics. Considering the patient's well appearance, a computed tomography (CT) scan of the head was obtained to assess for other causes of the bulging fontanelle. The CT returned without alternative etiologies and the patient underwent a lumbar puncture. This revealed a glucose <2. protein of 126.2, and Haemophilus influenzae. Subsequent serotyping confirmed H. influenzae type F (Figure 1).

Bacterial meningitis is classically associated with fever, neck pain, and photophobia. Infants, however, often present with non-specific symptoms, such as decreased oral intake and irritability. Additionally, more specific physical examination findings, such as bulging fontanelles are infrequently present.² Lumbar puncture and subsequent cerebrospinal fluid studies are the gold standard for diagnosis, with testing typically revealing low cerebrospinal fluid glucose and high protein.³ Streptococcus pneumoniae, Group B Streptococcus, Neisseria meningitidis, and H. influenzae are the most common bacterial pathogens.4

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.



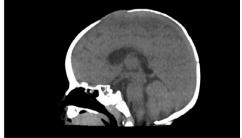


FIGURE 1 Coronal and sagittal cross-sections of the computed tomography (CT) demonstrating the bulging fontanelle.

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made. © 2024 The Author(s). JACEP Open published by Wiley Periodicals LLC on behalf of American College of Emergency Physicians.

ORCID

Jared Cohen MD (b) https://orcid.org/0000-0003-1453-3265

REFERENCES

- Hersi K, Gonzalez FJ. Meningitis. In: Kondamudi NP, ed. StatPearls [Internet]. StatPearls Publishing; 2023. Accessed 2023. http://www.ncbi.nlm.nih.gov/books/NBK459360/
- 2. Okike IO, Ladhani SN, Johnson AP, et al. Clinical characteristics and risk factors for poor outcome in infants less than 90 days of age with bacterial meningitis in the United Kingdom and Ireland. *Pediatr Infect Dis J.* 2018;37(9):837. doi:10.1097/INF.000000000001917
- 3. Griffiths MJ, McGill F, Solomon T. Management of acute meningitis. *Clin Med (Lond)*. 2018;18(2):164-169. doi:10.7861/clinmedicine.18-2-164
- 4. Thigpen MC, Whitney CG, Messonnier NE, et al. Bacterial meningitis in the United States, 1998–2007. *N Engl J Med*. 2011;364(21):2016-2025. doi:10.1056/NEJMoa1005384

How to cite this article: Caldwell T, Cohen J. Male infant with fever. *JACEP Open*. 2024;5:e13260.

https://doi.org/10.1002/emp2.13260