1477. Factors affecting the early clinical response in due course of tuberculous meningitis treatment: Results of Haydarpasa-3 Study

Hakan Erdem[1]; Derya Ozturk-Engin[2]; Serap Gencer[3]; Oral Oncul Professor[4]; Hanefi Cem Gul,[5]; Haluk Vahaboglu[6]; [1]Gata Haydarpasa Training Hospital, Infectious Disease and Clinical Microbiology Deparment, Istanbul, Turkey; [2]Haydarpasa Numume Training Hospital, Istanbul, Turkey; [3]Department of Infectious Diseases and Clinical Microbiology, Lutfi Kirdar Training and Research Hospital, Istanbul, Turkey; [4]Gulhane Military Medical Academy, Istanbul, Turkey; [5]Gulhane Military Medical Academy, Ankara, Turkey; [6]Department of Infectious Diseases and Clinical Microbiology, Medeniyet University, Goztepe Training and Research Hospital, Istanbul, Turkey and Tuberculous Meningitis Study Group

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Background. Tuberculous meningitis (TBM) is the most severe form of tuberculosis. In our study, we aimed to assess the factors affecting the early clinical response including fever, mental alterations and headache in due course of TBM treatment.

Methods. In this study 506 adult TBM patients treated in 35 centers between 2000-2012 were evaluated and 88 patients with a complete set of radiological and clinical data were included. All of the patients had microbiological confirmation from the CSF. Early and late responders according to fever, headache and mental alterations were compared. In addition, cumulative comparisons were made for the disappearance of all findings of the classical triad.

Results. The mean age of the 88 cases included were 33,90 ± 16,41 years. All of these patients were survivors of TBM. The presence of vasculitis ($p = 0.029$, OR = 0.092 [%95 CI, 0.01-0.78]) and lower serum/CSF glucose rate ($p = 0.049$, OR = 52.571 [%95 CI, 1.01-2755.26]) were significant variables when early and late responders were compared. When early and late responder groups were compared for the normalization of conscious, hydrocephalus was the significant parameter ($p = 0.001$, OR = 0.123 [%95 CI, 0.04-0.42]). Accordingly hydrocephalus was of paramount importance on headache ($p = 0.029$, OR = 0.313 [%95 CI, 0.11-0.89]). When early and late responder groups were compared for the disappearance of all three findings according to median durations, hydrocephalus was found to be the significant parameter causing late responses ($p = 0.005$, OR = 0.189 [%95 CI, 0.06-0.61]). On the other hand, when the effects of clinical, radiological, laboratory, and therapeutic parameters were evaluated, vasculitis ($p < 0.001$), hydrocephalus ($p = 0.029$), and the use of ethambutol ($p = 0.008$) were found to be significant parameters in linear regression analysis. The presence of hydrocephalus was significantly associated with the extension of headache (21 vs 12, $p = 0.025$), extension of unconsciousness (19.5 vs 7, $p = 0.001$), and delays in clinical responses (21 vs 14, $p = 0.007$).

Conclusion. We found out that delayed start of antibiotics, hydrocephalus, and vasculitis. Hydrocephalus seems to be the principal factor affecting the normalization of the symptoms in TBM.

Disclosures. **All authors:** No reported disclosures.