

## SEREBRAL ENFEKSİYON SÜRECİ

Gizem MERAL ATİŞ<sup>1</sup>**MENENJİTLER**

Santral sinir sistemi enfeksiyonları mortalite ve morbiditesi yüksek tıbbi acillerdir. Menenjit lenptomeninkslerin inflamasyonu olarak tanımlanır; bakteriyel, viral, fungal ya da paraziter olabilir. Toplum kaynaklı menenjitlerin mortalitesi, cerrahi müdahaleler sonrası gelişenlerden yüksektir (1).

**Bakteriyel Menenjitler**

Bakteriyel menenjit, bakterilerin kan yoluyla ya da direk yayılım ile kan beyin bariyerini geçerek, pia mater ve araknoid materi invaze etmesi olarak tanımlanır. Direk yayılım yolları; paranazal sinüsler, mastoid hava hücreleri, kafa travmaları (özellikle kafa tabanı kırıkları, Beyin Omurilik Sıvısı (BOS) fistülleri), kafatasında osteomyelit odağı, lomber ponksiyon ile subdural mesafeye bakteri girişi vb. sayılabilir (2,3).

Toplum kaynaklı menenjitlerde en sık etkenler; Streptococcus pneumoniae, Neisseria meningitidis, Listeria monocytogenes olup daha az sıklıkla ise; Haemophilus influenzae, Streptokok suşları, Staphylococcus aureus ve gram negatif basillerdir (4). Nöroşirurjikal prosedürler sonrası gelişen menenjitlerde ise; koagülaz negatif stafilokoklar, S. aureus, Enterobakterler, Pseudomonas suşları ve genelde kafa tabanı kırıkları ve kulak bölgesi cerrahisi ile ilişkili pnömokoklardır. BOS fistüllerinde en sık etken streptokoklar iken, travmalardan sonra en sık etkenler gram pozitif koklar ve gram negatif basillerdir (1).

Bakteriyel menenjitlerde klasik klinik triadı ateş, ense sertliği ve mental du-

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## SONUÇ

Santral sinir sistemi enfeksiyonlarının hem insidansı, hem de mortalite ve morbiditesi tanı yöntemlerinin gelişmesi, antibiyotiklerin çeşitliliğinin artması, cerrahi yöntemlerinin ilerlemesiyle azalmıştır; ancak halen özellikle uygun tedavi edilmediğinde öldürücü olabilmektedir. Tanı ve tedavi süreci enfeksiyon hastalıkları, nöroloji ve nöroşirürji ile multidisipliner olarak düzenlenmelidir.

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