

Successful Outcome in Treating Ventriculitis with Intrathecal Colistin in a Child

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CNS infections due to multi-resistant strains of Acinetobacter pose a serious complication in neurosurgical patients in recent years. The widespread use of antibiotics may have altered the epidemiology of post-neurosurgical CNS infections. Antimicrobial agents to which these strains are susceptible have poor central nervous system (CNS) penetration.

We report a case of a five-year-old female patient who was diagnosed with Juvenile Pilocytic Astrocytoma causing hydrocephalus. The tumor was surgically resected. During the procedure, an external ventricular drain (EVD) was inserted. Postoperatively, the patient developed ventriculitis and meningitis. Initially, systemic colistin was administered for four weeks with no improvement in the patient's clinical condition, and the CSF cultures remained positive. Intrathecal colistin was then initiated as a last resort; the patient showed improvement clinically and cerebrospinal fluid (CSF) culture was negative on the fifth day of treatment.