Streptococcus bovis Meningitis in a Patient Infected with Human Immunodeficiency Virus

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We present case of human immuno-deficiency virus (HIV) infection complicated by Streptococcus bovis meningitis and bacteremia. A 60-year-old HIV-infected man was admitted to King Chulalongkorn memorial Hospital in July 2011 for evaluation of fever and severe headache 1 day’s duration. The patient developed alteration of conscious and status epilepticus during observation 9 hours at emergency room. Physical examination revealed a stiff neck and left side weakness. There were no heart murums. Laboratory studies revealed a white blood cell (WBC) count 10,040/mm³ with 95% polymononuclear cells. Examination of the CSF revealed 1,052 wbcs/mm³; a protein level 233 mg/dl, and a glucose level of 40 mg/dl. Gram stain of the CSF revealed multiple wbcs but no bacteria. Cultures of specimens of the CSF and blood yielded S. bovis II. MRI of the brain revealed acute venous infarction at bilateral frontoparietal region more on the right side. The patient was treated with a 14 day course of iv penicillin G (24 million units per day). His clinical responded well to therapy. His CD4 during admission was 142 (17%) cells/mm³. The stool did not have parasite or blood. Antiretroviral drug was started after the complete course of antibiotics treatment. Patients with S. bovis bacteremia (with or without endocarditis) have a correlation with gastrointestinal neoplasms or hepatobiliary disease. Prior case report showed the relation between S. bovis bacteremia and meningitis associated with Strongyloides stercoralis in HIV infected patient. This patient had underlying disease alcoholic hepatitis but we did not find S. stercoralis.