Malaria vs. Bacterial Meningitis in Children with Spinal Tap in the Luanda Children’s Hospital, Angola

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BACKGROUND
In Sub-Saharan Africa, both malaria (M) and bacterial meningitis (BM) cause fever and central nervous system (CNS) disturbance.

We studied their caseload per year, characteristics, outcome, and risk factors for poor outcome to better understand the clinical impact of suspected CNS infection in children.

METHODS
A prospective study in the Children’s Hospital in the capital of Angola.

Spinal tap for children presenting with altered consciousness, convulsions, prostration, or meningism.

Children 3 months to 15 years with confirmed discharge diagnosis in 2016-2017.

RESULTS 941 children, malaria in 56% (525), bacterial meningitis in 12% (116), epilepsy/convulsions in 9% (88), other infections in 6% (60).

Patients’ characteristics, outcomes and risk factors can be seen in Tables 1.

CONCLUSIONS
In suspected CNS infection, malaria was the final diagnosis of most children.

However, bacterial meningitis caused more deaths and neurological sequelae.

Amendable factors, such as delay in treatment, dehydration, and malnutrition appeared as risk factors for poor outcome.

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