ID Corner

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A 65-year-old male with normal pressure hydrocephalus, type 2 diabetes mellitus and hypertension had a ventriculoperitoneal (VP) shunt placed 3 weeks ago. He presented to the emergency department with mental status changes and fever. Analysis of cerebrospinal fluid (CSF) obtained before initiation of antibiotic therapy showed the following: 155 white cells per cubic millimeter (70% neutrophils), protein 83 mg per deciliter, and glucose 45 mg per deciliter (serum glucose 75 mg per deciliter). The Gram stain was negative. No other source of infection was evident on presentation so empiric therapy with vancomycin and cefepime was started for possible VP shunt infection. Three days later, the patient is back to his baseline mental status and has been afebrile for more than 24 hours; the CSF culture is negative at 72 hours and the meningitis/encephalitis molecular panel was also negative. What would you do next?

1. Discontinue antibiotics and discharge patient
2. Discharge patient on vancomycin and cefepime to complete 14 days of therapy
3. De-escalate antibiotics to ertapenem and complete 10 days of therapy
4. Switch antibiotic therapy to amoxicillin-clavulanic acid for 10 days
5. Stop cefepime and ask the microbiology lab to hold the CSF culture for 10 days

See answer in the next article, “Answer to ID Corner”.