Mystery Case:
Frontal meningoencephalocele causing recurrent bacterial meningitis

A 34-year-old woman presented initially with meningococcal meningitis and with Streptococcus mitis meningitis 6 months later. A right cribiform plate area meningoencephalocele was discovered on MRI at the second episode. In retrospect, this abnormality was present on initial MRI (figure). The patient recalled intermittent watery rhinorrhea for 1 year preceding the first meningitis episode, but without head trauma. The anterior cranial fossa defect was repaired, without recurrence of rhinorrhea or meningitis in 2-year follow-up.

Meningoencephalocele may be congenital (incidence 1:5,000 live births) or posttraumatic.1,2 It should be sought in recurrent bacterial meningitis by scrutiny of coronal sections of brain MRI.

AUTHOR CONTRIBUTIONS
T. Singhal: compilation of clinical and imaging data and preparation of manuscript. N. Venna: conceptualization of report, preparation and review of manuscript.

DISCLOSURE
The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

REFERENCES

MYSTERY CASE RESPONSES The Mystery Case series was initiated by the Neurology® Resident & Fellow Section to develop the clinical reasoning skills of trainees. Residency programs, medical student preceptors, and individuals were invited to use this Mystery Case as an educational tool. Responses were solicited through a group e-mail sent to the American Academy of Neurology Consortium of Neurology Residents and Fellows and through social media.

All the answers that we received came from individual residents rather than groups. Almost half of the respondents (47%) correctly identified the neuroimaging features of a frontal meningoencephalocele. Other considerations included a fracture of the cribiform plate with subsequent brain herniation or a CSF fistula.

This case illustrates a rare etiology for CNS infections that should be considered in cases of recurrent meningitis.

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Neurology 2013;80:e250
DOI 10.1212/WNL.0b013e318296e8e0

This information is current as of June 10, 2013

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