PP71 PAPER POSTERS

SHIFT 8 – CNS INFECTIONS

20-Sep-2017 14:00-18:30

Author: Ali Zohair Nomani,
Department of Neurology, Pakistan Institute of Medical Sciences, 44000, Islamabad, Pakistan.

Co-author: Saim Saad, Mansoor Iqbal, Department of Neurology, Pakistan Institute of Medical Sciences, 44000, Islamabad, Pakistan.

Abstract: 006

LEVOFLOXACIN HAS A SAFE SEIZURE RISK PROFILE IN CNS TUBERCULOSIS

Background: LVX is emerging as a potential first line drug for CNS TB.

Objective: The rationale of this study was to ascertain the seizure risk assessment of LVX for CNS TB in the context that the disease itself confers higher risk of seizures.

Materials and methods: 104 patients of CNS TB were prospectively studied. 49 were given LVX (group A) during treatment against a control group B (not given LVX). Seizure risk was determined over a follow up period of 2 years. We obtained Institutional Review Board (IRB) approval.

Results: A total of 49 patients (47.1%) were given LVX. Of those with seizures, 18 were given LVX. 2 (11.1%) of them had reoccurrence of seizures against 1 (7.1%) in control group (LR=1.69; OR=2.29; CI=0.20-26.10) (p=0.49). Of those without seizures, 31 (43.0%) were given LVX. 2 (6.4%) of them had new onset seizures against 1 (2.4%) in control group (LR=1.69; OR=2.29; CI=0.20-26.10) (p=0.49). Of all those given LVX, follow up seizures occurred in a total of 4 (8.1%) against 2 (3.6%) controls (LR=0.98; OR=0.97; CI=0.41-1.34) (p=0.32) (algorithm 1). Seizures at presentation and follow up were significantly associated with evidence of tuberculomas on MRI (p=0.00) but not with infarct, hydrocephalus or meningeal enhancement or LVX.

Conclusion: Probability for having seizure with LVX in CNS TB is very low and comparable to those not given LVX. Seizure risk is rather affected by baseline or follow-up presence of tuberculomas. Given the emerging role of LVX as potential first line drug for CNS TB, seizure risk profile should not affect the decision to prescribe LVX.