



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

MENINGOCOCCAL INFECTION

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Neisseria Meningitidis colonizes the upper respiratory tract. It is transmitted by droplets of healthy carriers in 5-10% of cases. The cutaneous manifestations are the result of lesions of small cutaneous blood vessels and disseminated intravascular coagulation.

Methodology: A young man of 21 years consults for a discreet early exanthem. The dermatological examination shows pink to purple macules and papules as purpura on the young man's face. There was also conjunctivitis in these eyes.

Results: A blood sample was taken from this patient and the *N. meningitidis* culture confirmed the diagnosis of MENINGOCOCCAL INFECTION (Acute meningococcaemia). I said that the PCR also helped in the diagnosis. For the management of the disease, ceftriaxone was administered at a dose of 3g tid for 10 days. The conjunctivitis found in this patient is due to localized infection with *Neisseria Meningitidis*. Eye drops containing ciprofloxacin have been recommended.

To control the infection, we submitted family contacts and close to this patient to Rifampicin at a dose of 600 mg twice daily for 2 days. Also, in the context of prophylaxis, vaccination can also be offered.

Conclusion: Acute meningococcal disease is often associated with an early rash (40-90%). These early lesions can appear on any part of the body.

