Evaluating and Treating Patients for Fungal Meningitis

Patients at risk for fungal meningitis include those who received epidural anesthesia from Jan. 1, 2023 to May 13, 2023 at Riverside Surgical Center or Clinica in K-3, in Matamoros, Mexico.

For both symptomatic and asymptomatic patients:
perform lumbar puncture (LP) to evaluate CSF for fungal meningitis

Abnormal LP results

Normal initial LP results

Counsel patient to monitor for symptoms for 30 days following initial LP

If symptoms develop: repeat LP

No new or worsening symptoms within 30 days after initial LP

Consider scheduling repeat LP two weeks after initial LP

Normal repeat LP results

No fungal meningitis: evaluation complete

• Begin antifungal therapy: combination antifungal therapy with IV liposomal amphotericin B (AmBisome®) voriconazole, fosmanogepix (requires IND).
• A minimum of 3 months antifungal therapy is recommended, but therapy may be needed for >6 months in severe cases
• Check serum voriconazole trough level (minimum target 4–5 mcg/ml) on the 5th day of voriconazole treatment (and at least weekly thereafter)
• MRI brain (w/wo contrast) is recommended to assess for meningeal enhancement, vasculitis, stenosis, hemorrhage, or ischemia
• Early and close consultation with an infectious diseases specialist and neurologist is recommended
• Monitor for fungal meningitis complications (stroke, increased intracranial pressure, brain edema), which indicate a worse prognosis

*Abnormal LP is defined as CSF with >5 WBCs/mm³, accounting for the presence of RBCs (i.e., subtract 1 WBC for every 500 RBCs)

Interim Recommendations for Diagnosis and Management of Cases of Fungal Meningitis Associated with Epidural Anesthesia Administered in Matamoros, Mexico

Additional information: CDC website describing fungal meningitis outbreak