

Letter to Editor

## *Streptococcus Suis* Meningitis in Thailand: A Summary of Case 101 Reports

Viroj Wiwanitkit\*

Suvannhabhumi Clinical Training, Research and Development Center, Surindra Rajabhat University, Thailand

\*Corresponding author: Viroj Wiwanitkit, Suvannhabhumi Clinical Training, Research and Development Center, Institute of Natural Medicine Science Development and Establishment Project, Surindra Rajabhat University, Wiwanitkit House, Bangkhae, Bangkok, Surin Province, Thailand, Tel: 008689866893760; Fax: 008689866893760; E-mail: wviroj@yahoo.com

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## Letter to Editor

Dear Editor, bacterial infection is an important problem in medicine. The Streptococcal infection is a common problem in clinical practice and relating to the pyogenic infection. The Streptococcus suis infection is an important streptococcal bacterial infection that can induce neurological problem. This infection can be seen worldwide. The disease is classified as an important pig related disease. Focusing on the neurological involvement, noted that "Acute meningitis with early sensorineural hearing loss was the characteristic feature and the most common presentation of S. suis infection [1]." The pathogen is believed to be the second most common cause of adult streptococcal meningitis [2]. Pathophysiologically, the pathogen usually enters into the patient by respiratory or oral route causing infection [3] the pathogen can fight with the normal microflora and resist to the human defense mechanisms at the local mucosa. Ability to counteract mucosal barriers can further result in severe meningitis and sepsis in swine and in human hosts [3]. Goyette-Desjardins et al. noted that S. suis is an an important pig pathogen and emerging zoonotic agent with a worldwide distribution [4]. The special concern is usually at the area with pig farming.

In Southeast Asia, there are many countries with the pig farming. In Thailand, pork is commonly intake by local people and there is many pig farming in the country. Here, the author summarizes the previous reports on S. suis meningitis in Thailand. The searching was performed on the international reference database, PubMed (www.pubmed.com) using the search terms, "Thailand" and "Streptoccus suis". The derived publications with full complete data were included for further in-depth analysis. According to the literature search, the complete data from 101 cases were summarized and analyzed [1,2,5,6]. Clinically, the S. suis meningitis can presents either acute or chronic course. This bacterial organism might be mistaken as S. pneumoniae or S. viridans. The confirmation of diagnosis usually results the standard microbiological examination. The main presentation in all cases is severe sensorineural hearing loss, the hearing loss usually occurs early during the course of meningitis. The main risk is the history of pork handling. The presumptive diagnosis of S. suis meningitis is usually based on the Gram stain of the CSF specimen. All excepted one pediatric case who was infected with S. suis Serotype 24 survived after standard antibiotic treatment [6]. The effective treatment is

intravenous penicillin or ampicillin with a mean duration of 1 month and there is usually no relapse among these patients. Nevertheless, the deafness is common and seen in all cases due to the cochlear and vestibular damage, which is believed to be due to the oto-toxin from pathogen. It can be hereby concluded that the *S. suis* meningitis in Thailand manifest the classical problem as seen in any other countries. Due to the importance of this bacterial neurological infectious disease, the local public health polies regarding pork safety is warranted. As noted by Meekhanon et al., "*S. suis* is certainly latent in asymptomatic pigs [7]." The implementation of the control problem is required. According to the recent study by Takeuchi et al., "effectiveness of the food safety campaign for controlling the *S. suis* infection" can be observed [8].

## References

- 1. Donsakul K, Dejthevaporn C, Witoonpanich R (2003) *Streptococcus suis* infection: Clinical features and diagnostic pitfalls. Southeast Asian J Trop Med Public Healt 34: 154-158.
- Suankratay C, Intalapaporn P, Nunthapisud P, Arunyingmongkol K, Wilde H (2004) *Streptococcus suis* meningitis in Thailand. Southeast Asian J Trop Med Public Health 35: 868-876.
- Segura M, Calzas C, Grenier D, Gottschalk M (2016) Initial steps of the pathogenesis of the infection caused by *Streptococcus suis*. Fighting against nonspecific defenses. FEBS Lett 590: 3772-3799.
- 4. Goyette-Desjardins G, Auger JP, Xu J, Segura M, Gottschalk M (2014) *Streptococcus suis*, an important pig pathogen and emerging zoonotic agent-an update on the worldwide distribution based on serotyping and sequence typing. Emerg Microbes Infect 3: e45.
- Wangkaew S, Chaiwarith R, Tharavichitkul P, Supparatpinyo K (2006) Streptococcus suis infection: A series of 41 cases from Chiang Mai University Hospital. J Infect 52: 455-460.
- Kerdsin A, Gottschalk M, Hatrongjit R, Hamada S, Akeda Y, et al. (2016) Fatal septic meningitis in child caused by *Streptococcus suis* Serotype 24. Emerg Infect Dis 22: 1519-1520.
- Meekhanon N, Kaewmongkol S, Phimpraphai W, Okura M, Osaki M, et al. (2017) Potentially hazardous *Streptococcus suis* strains latent in asymptomatic pigs in a major swine production area of Thailand. J Med Microbiol 66: 662-669.
- Takeuchi D, Kerdsin A, Akeda Y, Chiranairadul P, Loetthong P, et al. (2017) Impact of a food safety campaign on *Streptococcus suis* Infection in humans in Thailand. Am J Trop Med Hyg 96: 1370-1377.