# Journal of Pharmaceutical Research International



33(29A): 186-190, 2021; Article no.JPRI.68273 ISSN: 2456-9119 (Past name: British Journal of Pharmaceutical Research, Past ISSN: 2231-2919, NLM ID: 101631759)

# Frequency of Sensorineural Hearing Loss among Children with Pyogenic Meningitis

Salman Baig<sup>1\*</sup>, Muhammad Salman Khan<sup>2</sup>, Nasima Iqbal<sup>2</sup>, Tayyaba Mumtaz<sup>3</sup>, Ashfaq Hussain<sup>4</sup> and Urooj Zafar<sup>5</sup>

> <sup>1</sup>Department of ENT, Iqra University, Karachi, Pakistan. <sup>2</sup>Department of Pathology, Baqai Medical University, Karachi, Pakistan. <sup>3</sup>Department of Pharmacognosy, Ziauddin University, Karachi, Pakistan. <sup>4</sup>Department of ENT, Shahida Islam Medical College, Lodhran, Pakistan. <sup>5</sup>Department of Pharmacology, Baqai Medical University, Karachi, Pakistan.

#### Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

#### Article Information

DOI: 10.9734/JPRI/2021/v33i29A31577 <u>Editor(s):</u> (1) Dr. Francisco Cruz-Sosa, Metropolitan Autonomous University, México. <u>Reviewers:</u> (1) Vintan Mihaela-Adela, University of Medicine and Pharmacy Iuliu Hatieganu Cluj Napoca, Romania. (2) Yasser Fakri Mustafa, University of Mosul, Iraq. Complete Peer review History: <u>http://www.sdiarticle4.com/review-history/68273</u>

**Original Research Article** 

Received 12 March 2021 Accepted 19 May 2021 Published 21 May 2021

# ABSTRACT

Aim: To find out the frequency of sensorineural hearing loss among children with pyogenic meningitis.

Study Design: Cross-sectional.

**Place and Duration of Study:** Study was conducted at Ziauddin university hospital during the period of July 2019 to February 2020.

Methodology: About 96 participants were enrolled in the study between the age group of one month up to 12 years. Patients were included on the basis of clinical presentation and laboratory findings of pyogenic meningitis. An expert audiologist performed the brainstem evoked response audiometry test before discharging the patient from the hospital. For data analysis SPSS version-20 was used. All the quantitative variables were calculated as mean with standard deviation while qualitative data were presented as frequency and percentages. To find out association between variables, the Mann Whitney U-test and chi-square test was applied while P-value ≤0.05 was considered as significant.

**Results:** Mean age with standard deviation was  $6.8 \pm 2.3$ . Majority of the study participants were boys (57%). The frequency of sensorineural hearing loss was 17%. It was more among females than their male counter parts that was 64.7% and 35.3% respectively but no significant association was reported. The younger age group was having higher frequency of sensorineural hearing loss (47.1%), followed by the age group of 6-8 years (29.4%) and the very small number of participants were affected from the age group of 9-12 years (23.5%) but all the age groups were having no significant association with frequency of hearing loss.

**Conclusion:** It can be concluded that sensorineural hearing loss is the most common complication reported among the children with pyogenic meningitis in current setup so there is a need of early evaluation of hearing problems in all patients diagnosed with pyogenic meningitis.

Keywords: Sensorineural hearing loss; pyogenic meningitis; BERA test.

# 1. INTRODUCTION

Meningitis is a clinical syndrome characterized by inflamed meninges. It may be caused by bacteria, virus or fungal infection [1]. Risk of pyogenic meningitis is higher among infants and about 95% of cases present during the first month of life up to 5 years of age. Pyogenic meningitis is a life threatening condition while survivors having increased risk of long term complications. Developing countries are more prone to have pyogenic meningitis with poor outcomes in comparison with the developed ones [2,3].

The most common pathogenic organisms involved in pyogenic meningitis are group-B Streptococci and E.Coli among neonates after that the Neisseria meningitides, Streptococcus pneumoniae and Hemophilus influenza are the most common causative organisms [4,5]. Children with meningitis having signs and symptoms including fever, poor feeding history, irritability, lethargy, headache, signs of meningeal irritation and bulging fontanell [5,6]. It is diagnosed by clinical presentation and testing the cerebrospinal fluid (CSF) of the patient that shows increased intracranial pressure, serum glucose level less than 40mg/dl, proteins more than 80mg/dl and increased leukocytes count mainly there is increase in neutrophil count [7].

There are many complication as a result of pyogenic meningitis including neurological disturbances like seizures, hydrocephalus, motor abnormalities, sensorineural hearing loss, visual problems, coma and even death in severe cases [8,9]. Among all complications the sensorineural hearing loss is the most common one and can lead to permanent deafness. Sensorineural hearing loss is the common complication of meningitis caused by pneumococcus infection. Among children it is the leading cause of behavioral issues and inappropriate development of language learning skills as hearing is an important component to develop language and speech [10]. The aim of current study is to find out the frequency of sensorineural hearing loss among children with pyogenic meningitis so that an awareness can be spread for early detection of hearing problems soon after recovery from the infection.

# 2. METHODOLOGY

A cross-sectional study was conducted at Ziauddin university hospital during the period of July 2019 to February 2020. Consecutive sampling technique was used. Sample size was calculated by using the OpenEpi software. About 96 participants were enrolled in the study between the age group of one month up to 12 years. Patients were included on the basis of clinical presentation and laboratory findings of pyogenic meningitis. Patients who were either having age more than 12 years or whose parents refused to give consent or having history of cerebral palsy, congenital heart disease and already diagnosed case of deafness were excluded from the study.

After taking detailed history and relevant clinical examination, patient's samples were sent for relevant investigations i.e. Blood culture and CSF examination and their results were recorded. An expert audiologist performed the brainstem evoked response audiometry (BERA) test before discharging the patient from the hospital. Same device was used on all the study participants to avoid the risk of bias.

For data analysis Statistical Package for Social Science (SPSS) version 20 was used. All the quantitative variables were calculated as mean with standard deviation while qualitative data were presented as frequency and percentages. To find out the association between variables, the Mann Whitney U-test and chi-square test was applied while P-value ≤0.05 was considered as significant.

## 3. RESULTS

About 96 children were enrolled in the study who were having high grade fever with fits and were diagnosed as a case of meningitis on the basis of signs and symptoms as well as laboratory findings. Participants were classified into three groups on the basis of age including under 5 year-age group (33.3%), between 6-8 years of age (36.5%) and between 9-12 years of age (30.2%) but the age groups have no significant association with pyogenic meningitis. Mean age with standard deviation was 6.8 ±2.3. The majority of the study participants were boys (57%) and no significant association was found with the gender. On the other hand, some of the presenting symptoms reported a very strong association with the occurrence of pyogenic meningitis including fever and headache as mentioned in Table 1.

The frequency of sensorineural hearing loss was 17.7%. It was higher among females than their

male counter parts that were 64.7% and 35.3% respectively, but no significant association was reported with the occurrence of sensorineural hearing loss. Looking over the different age groups affected with pyogenic meningitis, the younger age group was having a higher frequency of sensorineural hearing loss (47.1%), followed by the age group of 6-8 years (29.4%) and a tiny number of participants were affected from the age groups were having no significant association with frequency of sensorineural hearing loss as mentioned in Table 2.

#### 4. DISCUSSION

Pyogenic meningitis is one of the leading cause of mortality and disability [11] so it is important to timely identify the patients who are expecting poor outcome and to plan a good management strategy for them. Pyogenic meningitis is more common among younger age group of children as is reported by number of studies [12,13] also favored by the current study. A study conducted in India reported that pyogenic meningitis is more prevalent among males as compare to females [14] and the finding is also supported by a study done in Nigeria [15]. Current study also favored this finding.

Table 1. Demographic variables of study participants and their association with pyogenic
meningitis

Variables		Pyogenic Meningitis		p-value
		Yes	No	
Age groups	≤5 years	20	12	0.42
	6-8 years	16	19	
	9-12 years	14	15	
Gender	Male	31	22	0.32
	Female	19	24	
Presenting Symptoms	Fever	50	46	0.001
	Headache	47	20	0.004
	Vomiting	22	22	0.821
	Fits	16	12	0.412

# Table 2. Frequency of sensorineural hearing loss and their association with demographicvariables among children

Variables		Sensorineural h	p-value	
		Yes n=17	No n=79	
Gender	Male Female	6 (35.3%) 11 (64.7%)	37 (46.8%) 42 (53.2%)	0.357
Age groups	≤5 years 6-8 years 9-12 years	8 (47.1%) 5 (29.4%) 4 (23.5%)	31 (39.3%) 25 (31.6%) 23 (29.1%)	0.628

There are many complications occurring as a result of pyogenic meningitis mainly affecting the central nervous system including mental retardation, developmental delay, sensorineural hearing loss, eyesight problems and motor deficit. It is noticed that sensorineural hearing loss is the most common complication of pyogenic meningitis among all other complications. Its exact mechanism among the cases of pyogenic mechanism is unknown but it is hypothesized that there is damage to the cochlea and labyrinthine system resulting in sensorineural hearing loss [16].

Looking over the frequency of sensorineural hearing loss among the cases of pyogenic meningitis it has been found that about 43% of children in Kenya with pyogenic meningitis have been reported with sensorineural hearing loss [17] while a retrospective study from United Kingdom collected data of 10 years and manifested that only 7.4% of cases underwent audiological assessment and having for sensorineural hearing loss [18], on the other hand it is about 13% prevalent among the children of pyogenic meningitis in Neherlands [19]. Reviewing the local data, a study conducted in Lahore collected samples of 175 patients with pyogenic meningitis, out of which 22% were having sensorineural hearing loss [20] while another study reported 20% children were affected with sensorineural hearing loss [21]. Current study found that about 17.7% of the children with pyogenic meningitis were reported with sensorineural hearing loss. Multiple studies reported that sensorineural hearing loss is more prevalent in developing countries because of the poor history of vaccination and increased rate of complication in cases with pyogenic meningitis.

Literature review revealed that male were predominant but found non-significant association of gender with occurrence of sensorineural hearing loss among the cases of meningitis [7,20,22]. The current study found that more females were affected but no significant association. It is also noticed that the younger age groups of children were more affected but no significant association was found between age and frequency of sensorineural hearing loss among children of pyogenic meningitis [7] and the current study favored this finding.

Higher prevalence of sensorineural hearing loss among children with pyogenic meningitis in developing countries enforce the need of an early audiological assessment along with repeated testing when once hearing loss is detected [23]. The limitation of the study is small sample size so it is recommended to study on large scale and also to identify the organism of pyogenic meningitis which is responsible for sensorineural hearing loss.

#### 5. CONCLUSION

It can be concluded that sensorineural hearing loss is the most common complication reported among the children with pyogenic meningitis in current setup so there is a need of early evaluation of hearing problems in all patients diagnosed with pyogenic meningitis.

#### ETHICAL APPROVAL AND CONSENT

The study got approval from the Ethical Review Committee of concerned hospital. An informed consent was obtained from the patient's relative or next of kin.

#### **COMPETING INTERESTS**

Authors have declared that no competing interests exist.

## REFERENCES

- 1. Hoffman O, Weber JR. Pathophysiology and treatment of bacterial meningitis. Therapeutic Advances in Neurological Disorders. 2009;2(6):401-12.
- 2. Seth R. Murthy PSR, Sistla S. Subramanian M, Tamilarasu K. Rapid and accurate diagnosis of acute pyogenic due Streptococcus meningitis to pneumoniae, Haemophilus influenzae type b and Neisseria meningitidis using a multiplex PCR assay. Journal of Clinical and Diagnostic Research: JCDR. 2017; 11(9):FC01.
- Kariyawasam A, Fonseka C, Singhapura S, Hewavithana J, Herath H, Pathirana K. Bilateral hypoglossal nerve palsy due to brainstem infarction: A rare presentation of presumed pyogenic meningitis. Case Reports in Neurological Medicine; 2018.
- Salih KEMA, El Nageeb Suliman Saeed MS, Karsani AAE, Ibrahim SA. Pattern of bacterial meningitis in Sudanese children, Omdurman, Sudan. African Journal of Microbiology Research. 2010;4(24): 2670-3.

- Rafeeda K, Paul B, Mathew L. Aetiology of acute pyogenic meningitis in children in a tertiary care hospital, Kerala. Journal of The Academy of Clinical Microbiologists. 2018;20(1):22.
- Abdelrahim NA, Fadl-Elmula IM, Ali HM. Bacterial meningitis in Sudanese children; critical evaluation of the clinical decision using clinical prediction rules. BMC Pediatrics. 2019;19(1):1-10.
- Safdar RS, Mehar MF, Naz M, Khan AA, Buzdar N, Aleem T. Frequency of sensorineural hearing loss in children with bacterial meningitis. The Professional Medical Journal. 2020;27(12):2729-33.
- Higginson CB, Martin C, Cook A. Initial evaluation and management of bacterial meningitis in an emergent setting: A review. Advanced Emergency Nursing Journal. 2010;32(4):301-13.
- Yerramilli A, Mangapati P, Prabhakar S, Sirimulla H, Vanam S, Voora Y. A study on the clinical outcomes and management of meningitis at a tertiary care centre. Neurology India. 2017;65(5):1006.
- Karanja BW, Oburra HO, Masinde P, Wamalwa D. Risk factors for hearing loss in children following bacterial meningitis in a tertiary referral hospital. International Journal of Otolaryngology. 2013;2013.
- 11. Women's NCCF, Health CS. Bacterial meningitis and meningococcal septicaemia: Management of bacterial meningitis and meningococcal septicaemia in children and young people younger than 16 years in primary and secondary care; 2010.
- 12. George CN, Letha S, Sushama Bai S. A clinical study of chronic morbidity in children following pyogenic meningitis. Indian Pediatrics. 2002;39(7):663-7.
- Siyal H, Jamali AN, Qambrani ZA. Prevalence of pyogenic meningitis in a Tertiary Care Hospital of Sindh. The Professional Medical Journal. 2020;27(10): 2117-21.
- Chinchankar N, Mane M, Bhave S, Bapat S, Bavdekar A, Pandit A, et al. Diagnosis and outcome of acute bacterial meningitis

in early childhood. Indian Pediatrics. 2002; 39(10):914-21.

- Ogunlesi T, Okeniyi J, Oyelami O. Pyogenic meningitis in Ilesa, Nigeria. Indian Pediatrics. 2005;42(10):1019.
- Khoza-Shangase K, Rifkind ER. Paediatric meningitis and hearing loss in a developing country: exploring the current protocols regarding audiological management following miningitis. African Journal of Infectious Diseases. 2010;4(2).
- Kutz JW, Simon LM, Chennupati SK, Giannoni CM, Manolidis S. Clinical predictors for hearing loss in children with bacterial meningitis. Archives of Otolaryngology–Head & Neck Surgery. 2006;132(9):941-5.
- Fortnum H, Davis A. Hearing impairment in children after bacterial meningitis: incidence and resource implications. British Journal of Audiology. 1993;27(1): 43-52.
- 19. Lucas MJ, Brouwer MC, van der Ende A, van de Beek D. Outcome in patients with bacterial meningitis presenting with a minimal Glasgow Coma Scale score. Neurology-Neuroimmunology Neuroinflammation. 2014;1(1).
- 20. Zeeshan F, Bari A, Dugal MN, Saeed F. Hearing impairment after acute bacterial meningitis in children. Pakistan Journal of Medical Sciences. 2018;34(3): 655.
- 21. Asghar RM. Causative organisms, clinical course and complications of pyogenic meningitis in children. Journal of Rawalpindi Medical College. 2008;12(2): 88-91.
- 22. Jawaid A, Bano S, Haque A, Arif K. Frequency and outcome of meningitis in pediatric intensive care unit of Pakistan. Journal of College of Physicians and Surgons Pakistan. 2016;26(8):716.
- Rodenburg-Vlot MB, Ruytjens L, Oostenbrink R, van der Schroeff MP. Repeated audiometry after bacterial meningitis: consequences for future management. Otology & Neurotology. 2018;39(5):e301.

Peer-review history: The peer review history for this paper can be accessed here: http://www.sdiarticle4.com/review-history/68273

<sup>© 2021</sup> Baig et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.