Management of a Parturient with Recurrent Mollaret's Meningitis

Nora Martin, MD and Heather Craig, MD
Department of Anesthesiology, Montefiore Medical Center/Albert Einstein College of Medicine, Bronx, New York.

Background:

Mollaret's meningitis (MM) is a rare disease characterized by recurrent episodes of viral, aseptic meningitis. It is clinically indistinguishable from other meningitis variants. Symptoms are fever, headache, neck pain, vomiting, myalgias, arthralgias, and neurologic signs (positive Kernig and Brudzinski signs). Herpes Simplex type 2 virus (HSV2) was identified as the most common agent causing Mollaret syndrome, and the retrograde seeding of the cerebrospinal fluid by HSV2 results in meningitis. However, the exact trigger of recurrent episodes is unknown. Studies show that Acyclovir reduces the number and severity of occurrences. An extensive literature search revealed little information and no recommendations for the anesthetic management of a parturient with MM.

CASE REPORT:

A 28-year-old G2P1001 with a 17-year history of MM and a prior cesarean delivery 8 years ago was admitted at 36 weeks gestation in pre-term labor. Her previous delivery was accomplished under neuraxial anesthesia (NA) and her postoperative course was not complicated by an episode of meningitis. Her last exacerbation occurred one year ago and was successfully managed with IV Acyclovir. She was not taking any medications. She desired a trial of labor (TOL) after cesarean and requested labor analgesia. She denied fever, neck stiffness, and photophobia. Her vitals, labs, and physical exam were within normal limits. A combined spinal-epidural was placed under routine sterile precautions. Her TOL was unsuccessful and a healthy baby girl was delivered by repeat cesarean delivery. Her epidural catheter was removed upon discharge from the PACU. Her postpartum course was uneventful, and she was discharged home 3 days later. Two months after delivery, she denied any signs or symptoms of an acute meningitis exacerbation.

DISCUSSION:

MM is very rare and information regarding the anesthetic management of a parturient with this disease is lacking. We had concerns that performing NA in this patient may trigger an acute exacerbation. However, by definition, this syndrome has a benign course and usually resolves spontaneously without residual deficit. After discussion with the patient, she agreed it was an acceptable risk. We considered treating her with Acyclovir prophylactically, however; she was asymptomatic, afebrile, and had a known favorable response to treatment with Acyclovir in the past. We decided to adopt a wait and watch strategy and reserve treatment in the event she manifested symptoms of acute meningitis. Our patient had an uneventful labor course and postpartum recovery. We hope our case report will aid those who manage parturients with MM.

References:

Abu Khattab M1, Al Soub H, Al Maslamani M, Al Khuwaiter J, El Deeb Y. Herpes simplex virus type 2 (Mollaret's) meningitis: a case report. Int J Infect Dis. 2009

Ruben SJ. Mollaret's meningitis. West J Med. 1994