Abstract

Listeriosis is one of the CNS inflammatory diseases which is happened majority in the form of sporadic. Listeriosis is ingested with the food. Infection occurrence in an exposed person depends on the number of organisms ingested, the virulence of the organisms strain and the individual condition. It is known that Listeriosis has decisive importance as an infection which the cellular immunodefense mediated by the T lymphocyte is disturbed. Even patients without previous disease worth indicating may be affected. The attribute of the many CNS manifestations are illustrated via the case histories (meningoencephalitis, acute meningitis, brain abscess, brain stem encephalitis, chronic recidivating encephalitis, meningoencephalitis with infected cerebral infarct). Neurological signs, combined with CSF findings atypical for bacterial CNS disease, must not be taken and may point to listeriosis even though they aren’t specific for CNS listeriosis. The conclusive evidence is the proof of the Listeria in the blood or CSF or the proof of antibody titre changes in the serum. New CSF diagnostic procedure like CSF lactate determination and the recognition of IgG-positive B lymphocytes are suitable in differentiating between viral and noninflammatory CNS disease; the most important for consistency are repetition of CSF examinations. The therapy of choice in CNS listeriosis is high-dosage amoxycillin or ampicillin treatment combined with gentamycin. Estimation of chances of the listeriosis in CNS depends on the prior to disease in each case. The high mortality is at least in part due to delayed diagnosis.

Keyword: Listeriosis, Nervous System, CNS

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