Introduction:
*Acinetobacter baumannii* (AB) appears as the most frequent Gram negative micro-organism implicated in post neurosurgical nosocomial meningitis [1]. Intraventricular Colistin (IVT) as the last therapeutic resort for the treatment of multidrug-resistant (MDR) and extensively drug-resistant (XDR) acinetobacter baumannii meningitis. The aim of this study was to determinate the epidemiological characteristics, outcomes and prognosis of patients complicated with XDR *Acinetobacter baumannii* meningitis

Methods:
Retrospectively we included patients hospitalized for post neurosurgical nosocomial AB meningitis and treated by IVT colistin (125000 IU) in addition with IV colistin (Loading dose 9 MIU followed by 4.5 MIU every 12h) for a median duration of 21 days. For each patient, the following data were recorded retrospectively: age, sex, primary diagnosis, antimicrobial regimens prescribed, days of sterilization of cerebrospinal fluid, duration of IVT colistin treatment, toxicity, outcome and follow-up.

Results:
A total of 30 patients were found to have been treated with IVT colistin for AB meningitis. The mean age of patients was 54.1 years. In all cases, meningitis was secondary to neurosurgery procedures for the management of various cerebral nervous system diseases. The median time for admission to diagnosis of meningitis was 7 days. Regarding the resistance pattern, 30 cases were defined XDR strains. Successful clinical and bacteriological outcome was achieved in 83% (of AB meningitis cases. Five patients died of septic shock.

Conclusion:
IVT administration of colistin appears to be a rather safe and efficacious therapeutic option for the treatment of XDR acinetobacter baumannii meningitis and should be considered an applicable procedure in the neurosurgery setting.

References: