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A prospective study of 42 consecutive adult patients with sub-acute aseptic meningitis and meningoencephalitis

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Abstract

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Introduction: Evaluation of patients with aseptic meningitis is a challenging task. The term sub-acute aseptic meningitis refers to patients who have clinical and laboratory evidence for meningeal inflammation with negative routine bacterial cultures for more than one week. **Method:** Forty two consecutive adults (ages > or = 14) with sub-acute aseptic meningitis (SAAM) and Meningoencephalitis (SAAME) treated in Mashhad medical university hospital, Iran, during years 2002 to 2004 were included in the study. The patients prospectively analyzed with respect to clinical symptomatology, cerebrospinal fluid (CSF) findings, clinical course, treatment and outcome. **Results:** 54.8% of patients were female and 45.2% were male. Headache (95.2%) and fever (71.4%), nausea and vomiting (85.7%) and altered mental status (26.2%) were the presenting symptoms in the majority of cases. CSF findings at the first lumbar tap on admission generally revealed lymphocytic pleocytosis of less than 1000 cells per μ l, mild to moderately elevated protein and hypoglycorrhachia. Initial antimicrobial therapy was achieved in 15 of cases, and consisted of an empirical anti-tuberculosis, ceftriaxon and ampicillin in 23.8%, 7.1% and 4.8% respectively. Eighteen of the 42 SAAM and SAAME cases (42.9%) were caused by tuberculosis (TB), seven by Brucellosis (16.6%), three due to partially treated bacterial meningitis(7.1%), one due to Carcinomatos Meningitis (2.4%), and in 13 patients (30.9%) the etiology remained unknown. Two of the patients with different type of meningitis (one tuberculous and one carcinomatous) were died (4.7%). The outcome was good in the majority of cases. **Conclusion:** In our country tuberculosis is an important cause of chronic or sub-acute meningitis; hence, abnormal CSF findings compatible with aseptic meningitis and low glucose and high protein should suggest tuberculosis and specific anti-tuberculous therapy should be started proptly. © RPA Publications. All rights reserved.

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Author keywords

Meningoencephalitis; Sub-Acute Meningitis; Tuberculous Meningitis

Indexed Keywords

EMTREE drug terms: alpha synuclein; ampicillin; antiinfective agent; ceftriaxone; glucose; tuberculostatic agent

EMTREE medical terms: adult; article; aseptic meningitis; bacterial meningitis; brain scintiscanning; brucellosis; cerebrospinal fluid; clinical article; computer assisted tomography; controlled study; disease course; female; fever; headache; human; male; meningoencephalitis; mental health; nausea; outcome assessment; pleocytosis; protein aggregation; protein expression; protein localization; protein modification; rigidity; signal transduction; symptomatology; thorax radiography; tuberculosis; vomiting

Chemicals and CAS Registry Numbers: alpha synuclein, 154040-18-3; ampicillin, 69-52-3, 69-53-4, 7177-48-2, 74083-13-9, 94586-58-0; ceftriaxone, 73384-59-5, 74578-69-1; glucose, 50-99-7, 84778-64-3

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