

MENINGEAL SYNDROME IN THE PRACTICE OF INFECTIOUS DISEASES SPECIALISTS

Aleksandar Ranković¹, Miodrag Vrbić^{1,2}, Maja Jovanović^{1,2}, Lidija Popović-Dragonjić^{1,2}, Marina Đorđević-Spasić¹

Clinic for Infectious Diseases, Clinical Centre Niš, Niš, Serbia¹
University of Niš, Faculty of Medicine, Niš, Serbia²

Contact: Aleksandar Ranković
Branka Krsmanovića 5/17, 18000 Niš, Serbia
E-mail: drarankovic@gmail.com

Central nervous system (CNS) infections are among the most dramatic medical conditions, not just because of their clinical presentations, possible ultimate consequences, but also because of the complexity of their diagnosis and treatment, and clinically they are manifested with meningeal syndrome, regardless of the type of causative agent. The aim of the study was to determine the correlation between certain clinical signs of meningeal syndrome and results of lumbar puncture which is used to diagnose the central nervous system infection. The study included a group of 54 patients who were treated at the Clinic for Infectious Diseases Clinical Centre Niš, with a clinical picture of bacterial meningitis.

The diagnosis of the disease was based on a clinical picture, findings of lumbar puncture and isolation of the causative agent out of the cerebrospinal fluid. In all patients, there was pleocytosis in the cerebrospinal fluid with predomination of polymorphonuclears. There were 20 (37.0%) females and 34 (63.0%) males, with mean age 52.37 ± 18.10 years. The most dominant clinical symptoms in patients were headache in 74.1%, elevated temperature in 70.4%, stiff neck in 63.0% and Brudzinski's upper sign in 55.6%.

Ethical verification from the cerebrospinal fluid was negative in 32 (59.3%) patients, *Klebsiella*, *Pneumococcus* and *Staphylococcus* were found in 4 (7.4%) patients each. It was found that headaches with stiff neck, disturbance of consciousness and elevated temperature represent an absolute indication for lumbar puncture and are in direct correlation with the positive finding in the cerebrospinal fluid. *Acta Medica Medianae* 2017;56(2):32-37.

Key words: CNS infection, meningitis, meningeal syndrome, lumbar puncture