

Perspective

Symptoms and Identification of Aseptic Meningitis

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DESCRIPTION

Meningitis is a disorder that causes inflammation of the tissues that surround the brain and spinal cord. A bacterial illness known as bacterial meningitis can cause the inflammation. When the illness is not caused by germs, it is referred to as aseptic meningitis. Most occurrences of aseptic meningitis are caused by viruses, which is why the condition is also known as viral meningitis.

Aseptic meningitis occurs more frequently than bacterial meningitis. However, its symptoms are frequently milder. Serious problems are uncommon. The majority of patients recover within two weeks of the commencement of symptoms.

Viruses capable of causing aseptic meningitis- Mumps, Measles, Chickenpox, Herpes simplex, Rabies. Depending on the organism that caused the disease, aseptic meningitis can progress swiftly or gradually over several weeks.

Symptoms of aseptic meningitis

The symptoms of aseptic meningitis can vary depending on the infection or medical condition that caused it. Sometimes symptoms do not appear until the illness has run its course.

- 1. Fever
- 2. Stomach-ache
- 3. Severe headache
- Photophobia
- 5. Loss of appetite
- 6. Vomiting

Aseptic meningitis is frequently a mild illness, and may heal without medicine or treatment. Because many of the symptoms are similar to those of a typical cold or flu, may not realize if aseptic meningitis. Aseptic meningitis differs from bacterial meningitis, which causes severe symptoms and can be fatal.

It can be difficult to know what form of meningitis occurred in the early stages without a medical exam. Aseptic meningitis can also lead to life-threatening complications.

How is aseptic meningitis identified?

If doctor suspects meningitis, will request testing to see if aseptic or bacterial meningitis. Doctor will most likely do a spinal tap. The doctor will retrieve cerebrospinal fluid from the spine during a spinal tap. This is the only conclusive method of diagnosing meningitis.

The brain produces spinal fluid, which surrounds and protects the brain and spinal cord. Spinal fluid will have elevated protein levels and an increased white blood cell count. This fluid can also help the doctor establish whether the meningitis is caused by bacteria, viruses, or other infectious agents. Lumbar puncture is a frequent medical diagnostic performed to diagnose aseptic meningitis. A needle is inserted between two vertebrae by a medical expert to retrieve CSF from the spinal cord. To differentiate between bacterial and aseptic meningitis, the cerebrospinal fluid taken from the lumbar puncture is examined under a microscope or cultured. Cell counts, Gram stains, virus cultures, and Polymerase Chain Reaction are performed on CSF samples (PCR).

Although polymerase chain reaction has improved doctors' capacity to detect viruses such as entero-virus, cytomegalovirus, and herpes virus in CSF, many viruses continue to elude detection. Other laboratory tests include the collection of blood, urine, and faeces. Medical personnel can also do a Computed Tomographic (CT) scan or Magnetic Resonance Imaging (MRI), which can detect calcifications or abscesses.

Treatment

Treatment will differ based on the cause of the meningitis. Without medical treatment, most persons with aseptic meningitis recover in one to two weeks.

Take medicines and drink plenty of water to relieve the symptoms. Analgesics and anti-inflammatory drugs may be prescribed to treat pain and fever. If the aseptic meningitis was caused by a fungal infection or a curable virus, such as herpes and doctor may also prescribe drugs.

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Aseptic meningitis can cause brain infections in rare circumstances and complications are more likely to occur. They can also occur if immune system becomes weak.