



*Psychosomatic*

## Can you spot Meningitis?

A wake-up call.

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Meningitis, both bacterial and viral, poses a threat globally, but often the true diagnostic of a lumbar puncture is not done as definitive test for diagnostics.

This editorial of The Lancet highlights the key symptoms for Meningitis and the need for early identification and the execution of a lumbar puncture to diagnose it accurately.

## SIGNS AND SYMPTOMS OF MENINGITIS

Over 40% of cases of Meningitis in the UK were not identified as being bacterial or viral. This is concerning, as the exact risk precautions and need for antibiotics are not established accurately.

A lumbar puncture to make the true diagnosis of Meningitis, as well as a classification of bacterial vs. viral, is critical. 17 hours was the average amount of time for the lumbar puncture to be ordered. Why this delay?

So why the delay? Unless there is suspicion of a brain shift, the lumbar may be considered a lower risk procedure for diagnostics.

If a patient is presenting with the typically well-known Meningitis symptoms such as headache, fever, stiff neck and altered mental state, further review by a medical specialist is urgent.

Early clinical identification of possible Meningitis symptoms is crucial to facilitate a quick diagnosis. A delay in lumbar puncture can further delay the identification of the specific type of Meningitis, and delay the appropriate treatment.



## Expert opinion

Taking action rather sooner than later if a patient is under suspicion of Meningitis is critical. While this illness can present like other infections, it is important to be able to guide the patient towards the appropriate diagnostics as quick as possible.

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