

# Aseptic meningitis

## Symptom Grade

Mild

Severe

## Signs & Symptoms

Headache, fever and meningeal symptoms

Presence of complications such as seizures, paralysis or impaired consciousness

## Evaluation

- Brain MRI to exclude brain metastasis and leptomeningeal involvement
- Lumbar puncture after brain imaging: CSF
  - white blood cell analysis (ideally including flowcytometry analysis)
  - protein level
  - glucose level
  - presence for cancer cells
  - infectious workup (incl. viral serologies and (myco)bacterial analysis in CSF and blood according to local practice)
  - lactate
- Open pressure measurement (done during lumbar puncture)

## Management

- Suspend ICPI until clear diagnosis
- Exclude infectious cause before start of steroids
- Prednisone according to local practice: symptoms should disappear within 1 week if not: treat as severe aseptic meningitis
- Symptomatic treatment (paracetamol and NSAID)
- Restart of ICPI can be discussed in a multidisciplinary team if symptomatology was mild and steroids are stopped for some time
- Evacuating lumbar punctures to lower elevated ICP, consider other measures to lower elevated ICP

- Suspend ICPI
- Patient should have neurological consultation
- Exclude infectious causes before start of steroids
- ICU transfer for symptom management and exclusion of other causes
- High dose prednisone according to local practice
- No response within 1 week: consider second line immune suppressants

## Abbreviations

<b>CSF:</b>	Cerebrospinal fluid
<b>ICP:</b>	Intracranial pressure
<b>ICPI:</b>	Immune checkpoint blockade inhibition
<b>ICU:</b>	Intensive care unit
<b>MRI:</b>	Magnetic resonance imaging
<b>NSAID:</b>	Non steroidal anti-inflammatory drugs