

The logo of Galgotias University is a circular emblem with a stylized 'G' in the center. The 'G' is composed of three curved, overlapping bands in shades of yellow, blue, and red. The background of the emblem is a light, textured grey.

Meningococcal meningitis

LECTURE 2

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Mode of transmission

- **The disease spreads mainly by droplet infection.**
- **The portal of entry is the nasopharynx.**

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Incubation period



Usually 3 to 4 days, but may vary from 2 to 10 days.

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Clinical Features

**Meningococcal Meningitis
without Meningococemia**



**Meningococcal Meningitis
with Meningococemia**



Meningococemia is a rare infectious disease characterized by upper respiratory tract infection, fever, skin rash and lesions, eye and ear problems, and possibly a sudden state of extreme physical depression (shock) which may be life-threatening without appropriate medical care.

Clinical Features – Meningitis without *meningococemia*

1. Patients with meningococcal meningitis have usually been sick for >24 h before they seek medical attention.



Clinical Features – Meningitis without *meningococemia*

Common presenting symptoms:

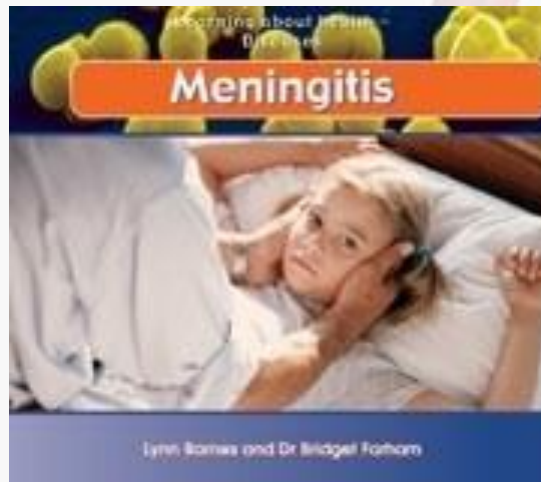
Fever ,Nausea and Vomiting.

Headache.

Convulsions.

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Clinical Features – Meningitis without *meningococemia*



2. **Common presenting symptoms:**
 4. **Neck Stiffness.**
 5. **Lethargy and Confusion, maybe Coma.**

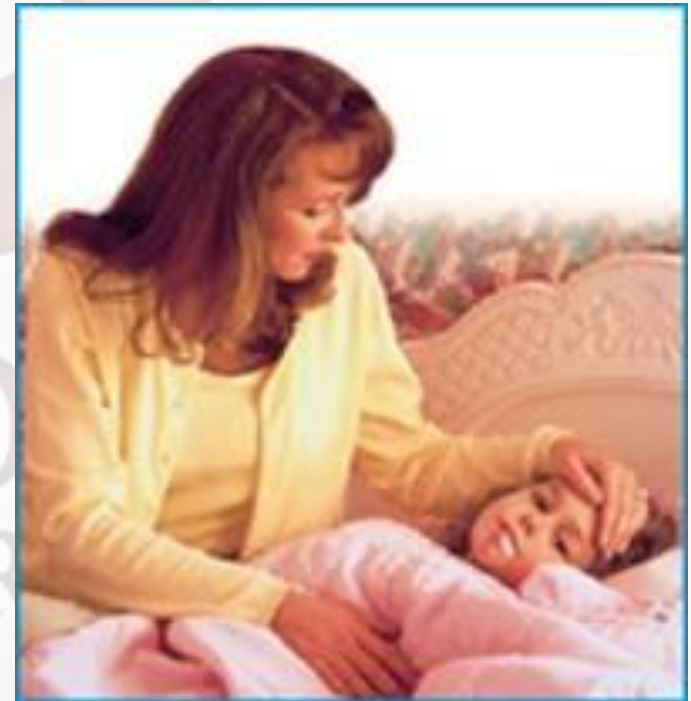
Clinical Features – Meningitis without *meningococemia*



3. Petechial hemorrhages on skin and/or mucosa may be seen.

Clinical Features – Meningitis without *meningococemia*

4. The signs and symptoms of Meningococcal Meningitis cannot be distinguished from those elicited by other meningeal pathogens.



Clinical Features – Meningitis with *meningococemia*

1. Pharyngitis.
2. Fever.
3. Weakness and Myalgia.



Clinical Features – Meningitis with *meningococemia*

4. Vomiting and Diarrhoea.
5. Headache.
6. May develop maculopapular rash before other serious signs develop.



Clinical Features – Meningitis with *meningococemia*

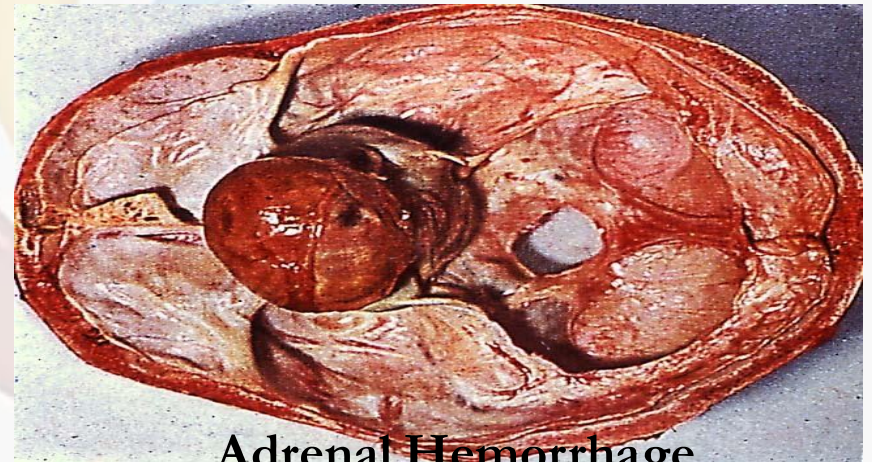
7. Fulminate cases –
Rapid progression
to shock
characterised by:

1. Hypotension.
2. DIC.
3. Acidosis.



Clinical Features – Meningitis with *meningococemia*

4. Adrenal hemorrhage.
5. Renal failure.
6. Myocardial failure.
7. Coma.



REFERNCES

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