SUMMARY AND CONCLUSION
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The present work was carried out with the aim to study the incidence of viral encephalitis, its clinical profile, prognosis, mortality and morbidity in Bundelkhand region. For this purpose ninety patients who were admitted with features suggestive of intracranial infection viz. fever, headache and altered sensorium in medical and paediatric wards of M.L.B. Medical College, Hospital Jhansi, were included.

All the cases were subjected to detailed assessment encompassing a thorough history, clinical examinations and laboratory investigation. On the basis of CSF examination, out of total 90 cases, 10(11.11%) cases were found to be suffering from tubercular meningitis and 12 cases were suffering from septic meningitis and on the basis of highly positive Widal test 8 cases were thought to be suffering from enteric encephalopathy. After excluding these 30 cases of T.B.M. septic meningitis and enteric encephalopathy the remaining 60 cases were considered to be patients of viral encephalitis.

The observation mainly related to study clinical profile of viral encephalitis. The findings of study can be summarised as follows :-
1. There were 36.67% cases of paediatric age group (2-12 years) whereas 63.33% cases were in the age group of 13-70 years.

2. The highest number of patients were in the age group of 0-5 years (30%) followed by 26.7% cases in the age group of 16-20 years.

3. There were 63.3% male and 36.7% female cases in the present study.

4. There were 93.3% cases from low socio-economic status living in unhygienic conditions.

5. A variety of symptoms were observed in all the cases. They included mainly fever (98.33%), headache (86.71%), convulsions (73.33%) and altered sensorium (100%) cases.

6. The maximum (97.2%) cases were having characteristically acute onset of illness and remaining 2.8% cases were having incidious onset.

7. In majority of cases, temperature subsided in 3-9 days but in 2 cases it was lasted for two weeks.

8. Patients with unconsciousness took 7 days to 3 weeks times for it clearance. Deeper the impairment of consciousness longer was the period of recovery.

9. Headache and vomiting usually subsided in 3-9 days in majority of the cases.

10. Convulsions were controlled in majority of cases with proper sedation within 2-3 days and the tremor persisted till discharge in 8 cases.
11. Dilated and sluggishly reacting pupils were observed in 48.33% cases and facial palsy was found in 16.7% cases.

12. Extensor plantar response was found in 66.67% cases and deep tendon reflexes was exaggerated in 70% cases. Sluggish response was observed in 8.33% cases.

13. In the present study CSF examination showed cell count - 50-500 lymphocytes or mononuclear cells/mm³ with normal sugar (40-80 mg%) and chloride (720-750 mg%) and slight rise in protein (40-120 mg%) levels besides sterile CSF on culture.

14. EEG abnormality in the present study showed generalised slowing of delta/theta activity in 50% cases. Generalised slowing with predominantly focal abnormality in 20% cases.

15. Number of sequelae presenting encephalitis pattern viz. impaired consciousness and memory frontal, fine tremors and incoordination and spastic gait were observed in the present study.

16. In the present study mortality rate was 36.67% (22 cases), left with sequelae - 30% (18 cases), 31.67% (19) cases were cured and 1.66%(1) case left the hospital again on medical advice.