MATERIAL AND METHODS
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One hundred thirteen clinically diagnosed cases of encephalitis were taken for the present study. The cases included in the study belonged to medical wards (patients above 12 years of age), paediatric ward (patients below 12 years of age) and psychiatry wards of M.L.B. Medical College, Jhansi and District Hospital, Jhansi. Cases of both sexes and all the age groups were included in the study.

A detailed history, clinical examination and investigations were carried out in all the cases.

METHODS

All the cases were evaluated on the following lines:

I. CLINICAL HISTORY

Following complaints were considered for the selection of the cases:

1. Acute febrile illness 2. Headache
3. Vomiting 4. Alteration in sensorium
5. Delusion 6. Convulsion
7. Irrelevant behaviour 8. Generalised weakness

General history with especial emphasis on details of disorder was also taken.
1. History of epidemiological features such as season and geography (encephalitis lethargica more common in winter and early spring) and insect or animal exposure (dog bite).

2. History of vaccination (Post infectious encephalitis).

3. History of gastro-intestinal disturbances (Poliovirus).

4. History of respiratory catarrh or Coryza (Influenza and adenovirus).

5. History of severe shooting or burning pain with skin hyperalgesia, preceding the appearance of the skin eruption vesicles on an erythematous back ground by 2-4 days (Herpes Zoster).

II. CLINICAL EXAMINATION

Clinical examination especially nervous system was performed and clinical symptomatology was recorded.

**General Examination :**

1. General condition
2. Nutrition
3. Pulse
4. B.P.
5. Icterus
6. Pallor
7. Cyanosis
8. Clubbing
9. Temperature
10. Respiration
11. Hydration
12. Lymphnode
13. Oedema

**Systemic Examination**

A. Cardiovascular system.

B. Respiratory system.
C. Alimentary system.
D. Central Nervous system.

a. Higher Function:
   1. Appearance and behaviour
   2. Emotional state
   3. Intelligence
   4. Orientation in time and place.
   5. Memory
   6. Consciousness
   7. Right or left handed
   8. Delusion
   9. Delirium
   10. Hallucination
   11. Speech.

b. Cranial Nerves:
   1st CN
   III, IV, V CN
   VII CN
   IX, X CN
   XII CN
   IIInd CN
   VI CN
   VIII CN
   XI CN

c. Fundus examination

d. Motor Function:
   1. Power
   2. Bulk of muscles
   3. Tone of muscles
   4. Reflexes:
      i. Superficial
      ii. Deep
   5. Coordination of movement.
   6. Gait
   7. Involuntary movement.

e. Sensory system:
   1. Touch - Fine
      - Coarse
   2. Thermal sensibility
   3. Pain
   4. Position sense
   5. Vibration
6. Cortical sensation:
   - Tactile localisation
   - Tactile discrimination
   - Tactile extinction and astereognosis.

f. Organic Reflexes:
   - Neck rigidity
   - Kernig's sign

g. Cerebellar signs:
   1. Ataxia
   2. Intention tremors
   3. Nystagmus
   4. Atonia
   5. Rebound phenomena
   6. Dysarthria
   7. Pendular knee jerk
   8. Adiadochokinesia
   9. Romberg's sign

h. Extra Pyramidal signs

III. INVESTIGATIONS:

The following investigations were done to support the clinical diagnosis of encephalitis.

1. TLC, DLC, Hb and ESR.

2. Blood sugar (fasting and postprandial) to exclude diabetes.

3. G.B.P. was done by peripheral blood smear using Leishman stain to exclude malarial encephalopathy.

4. Serum creatinine and blood urea were also estimated to exclude uraemic encephalopathy.

5. Serum bilirubin, serum alkaline phosphatase, ASG ratio, were done to exclude hepato-encephalopathy.