SAQ 5

A 30 year old man undergoes a lumbar puncture in the emergency department for investigation of fever, headache and vomiting. His cerebrospinal fluid and serum glucose results are as follows:

			Reference Range
Opening pressure	220	mm H ₂ O (supine)	(50-200)
Colour:	mildly turbid		
WCC	400	/ml (predominance of lymph	ocytes) (0-2)
RBC	10	/ml	(0)
Protein:	1.2	g/L	(0.2-0.5)
CSF glucose	2.2	mmol/L	
Gram stain	No organisms	seen	
Serum glucose	6.2	mmol/L	(3.0-8.0)

a. List 4 key features of the patients CSF sample results (4 Marks)

1/2 Mark each from:

- Mild increase in opening pressure
- Raised WCC / Lymphocytosis
- RBC minimal raise given this range, Hedge's lists up to 10 RBC as normal, not bloody tap, RBC do not explain WCC rise
- Low CSF glucose or low CSF /serum glucose ratio (ratio is ~0.35)
- No organisms seen

b. List 6 potential complications associated with lumbar punctures (6 Marks)

Acute:

- Post procedural headache
- Superfical bleeding e.g. site haemotoma
- Deep bleeding e.g. epidural haematoma, SAH
- Procedural failure / Dry tap
- Anaphylaxis cleaning solution or LA
- Radicular symptoms
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- Superficial infection
- Deep infection e.g. epidural abscess
- Central infection / meningitis
- LA toxicity
- Epidermoid tumour
- Retroperitoneal abscess
- CN VI palsy

c. List 5 potential causes from this patient's CSF result (5 Marks)

1 Mark for each of:

- Viral meningitis mumps and HSV both give low CSF glucose
- Bacterial meningitis +/- partially treated

1 Mark up to 3 marks for any from:

- TB meningitis
- Fungal meningitis
- Toxoplasma
- Syphilis

- Sarcoidosis
- Drug induced aseptic meningitis
- Malignant meningitis
- Chemical meningitis

Question adapted from FACEM VAQ question 2011.2.6

Answers taken from Robert's & Hedges Clinical Procedures in Emergency Medicine, 6th Edition, Chp 60.