EVOLUTIVE FEATURES OF VIRAL AND BACTERIAL MENINGOENCEPHALITIS IN CHILDREN

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Background. This study investigates the differences between viral and bacterial meningoencephalitis in children through a detailed analysis of 10 pediatric cases by comparing clinical presentations, laboratory findings, treatment responses, and outcomes. **Material and methods:** A retrospective analysis was conducted on 10 pediatric patients diagnosed with meningoencephalitis over the past five years. Inclusion criteria are age (0-16 years) and confirmed diagnosis through cerebrospinal fluid (CSF) analysis and complete medical records. **Result:** According to clinical presentation, fever: present in all cases. Seizures: more common in bacterial cases (60%) than viral cases (40%). altered mental status: more prevalent in bacterial cases (80%) compared to viral cases (60%). laboratory findings pleocytosis: higher in bacterial cases (average 1200 cells/μL) compared to viral cases (average 200 cells/μL). protein levels: elevated in 80% of bacterial cases and 60% of viral cases. glucose levels: reduced in all bacterial cases, normal in viral cases. MRI abnormalities: detected more frequently in bacterial cases (60%) compared to viral cases (40%). Complications: more common in bacterial cases (60% vs. 20% in viral cases). Recovery without sequelae: higher in viral cases (80%) compared to bacterial cases (40%). **Conclusion**. This study highlights significant differences in the clinical presentation, laboratory findings, and outcomes between viral and bacterial meningoencephalitis in pediatric patients. Bacterial cases exhibit more severe manifestations, greater CSF abnormalities, longer hospital stays, and higher complication rates. Early differentiation and appropriate treatment are crucial for improving outcomes. Further research with larger sample sizes is recommended to validate these findings and refine diagnostic and treatment protocols. **Keywords:** Pediatric, meningoencephalitis, cerebrospinal fluid.

PAIN IN ACQUIRED DEMYELINATING POLYNEUROPATHIES

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Background. Acquired demyelinating polyneuropathies (ADP) are neurological disorders characterized by an autoimmune deficit in the myelin sheath. Pain is one of the most common symptoms seen in ADPs, which has a significant impact on the patient's quality of life, both physically and mentally, determining the severity of the illness. **Objective of the study.** To understand the onset, pathophysiology, clinical appearance, evolution, and impact of pain in ADP's. **Material and methods.** This narrative literature review uses the relevant terms "pain in acquired demyelinating polyneuropathies" searched on the PubMed database with a publication date of last 10 years, with 21 papers being identified. **Results.** ADP patients experience acute and chronic pain in varied ways differing in intensity, location, episodes, and duration. Pain may precede peripheral motor and sensory symptoms mimicking other neuropathies and lead to a delayed diagnosis. Pathophysiology verifies aberrant sensory processing, underlying inflammation, and nerve damage by demonstrating the autoimmune deficit in the form of inflammation, axonal injury, and demyelination. Patients may present with nociceptive, neuropathic, or mixed types of pain, with multifactorial mechanisms like ischemia, hypoxia, and immunological complex deposition. Nerve conduction investigations are examples of diagnostic studies that diagnose nerve injury and direct treatment. Diagnosis and management techniques are implemented based on the underlying pathophysiology. **Conclusion.** Pain in ADP depends on the pathophysiology of the disease and is expressed by its intensity, location, episodes, duration, onset, and evolution. In order to enhance the quality of life for patients physically and psychologically, this literature review attempts to pinpoint the gaps in the present understanding of pathophysiology, diagnostic techniques, and treatment strategies. **Keywords:** demyelinating polyneuropathies, nociceptive pain, neuropathic pain.