Leptospirosis is a zoonosis caused by *Leptospira* spirochetes. The clinical manifestations associated with this infection are polymorphic, from mild to extremely severe (1–3). *Leptospira interrogans* is the pathogenic species; it consists of more than 24 serogroups and over 230 serovarieties, among them those that may affect humans, causing the disease (*L. icterohaemorrhagiae*, *L. canicola* and *L. pomona*) (1, 4).

Leptospirosis is more prevalent in rural areas. After occupational or recreational exposure to water or soil contaminated with leptospiras (present in the urine of wild or domestic animals), the agent penetrates through mucosa or lacerated skin. After the penetration there is an incubation period of 2–30 days. Most patients start to present clinical manifestations of the disease between days 5 and 14 (4–6). The onset of the disease is abrupt with nonspecific headache, myalgias, fever, nausea, vomiting, conjunctival effusion, skin rash and photophobia. During this septicaemic or anicteric phase, aseptic meningitis is found in up to 25% of the cases (3, 7). During the icteric or immune phase, aseptic meningitis happens in 5–10% of cases and involvement of the central and peripheral nervous systems may occur (1–3, 7, 8). Intracranial hypertension (IH) associated with aseptic meningitis has been described as the initial manifestation...