The use of intravenous immunoglobulin (IVIg) for the treatment of different pathologies is increasing and has shown a good safety profile. However, rare but serious adverse reactions (AR) as aseptic meningitis (AM) are described in the product information (PI).

**Purpose**
To describe and analyze five cases of AM in patients treated with IVIg in our center.

**Material and Methods**
A literature search was conducted on the AR of IVIg. The case analysis was established using Karch-Lasagna algorithm.

**Results**
- **5 cases of AM** notified
  - Period: Three months
  - 80% women

Clinical manifestations:
- Headache
- Fever
- Nausea and vomiting
- Photophobia
- Symptoms commenced 48 hours after infusion
- Lumbar puncture was compatible with AM

Every case reported had a neurological-based pathology: myasthenia gravis, nystagmus, multiple mononeuropathy, syndrome of Parsonage-turner and sensitive-motor polyneuropathy.

The analysis lead us to suspect that patients with basic neurological diagnosis have a higher risk of suffering from AM.

- Received IVIg of the same Brand, presentation and even some of the same batch.
- Received an individualized administration form prepared by the pharmacist including premedication information and the rate of administration of the IVIg calculated according to patient weight and PI.

The Karch-Lasagna algorithm in these cases established a possible causal relationship between IVIg and the occurrence of AM.

**Preventive Measures**
- Reduce the speed of individualized administration
- Insist that good hydration is important to prevent this adverse effect.

**Conclusion**
- IVIg have demonstrated efficacy and a good safety profile in Clinical Trials; however, possible AR due to its use can be observed.
- The role of the pharmacist is important in the individualized information by patients about the administration of immunoglobulins.
- In order to reduce the incidence of AM, it is suggested to start the initial infusion at a slow rate, prehydration and premedication therapy.