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SUMMARY OF HISTORY

This 28-year-old woman had been in good health until the birth of her last baby a year and a half before her death. Following this event, her menses never recurred. Hormonal therapy was attempted without avail. Five months before her admission to the hospital, approximately six months before her death, she had an episode of diuresis, which was attributed to a urinary bladder infection. She gained 20 to 25 pounds in weight but then lost a considerable amount of this during the next five months. During the four months before her admission to the hospital, she became confused, was emotionally unstable and developed increasing somnolence. During the two weeks prior to admission, her somnolence deepened and she was completely disoriented. There were severe, intermittent, bifrontal headaches. Upon admission she was apathetic, confused and could not be interrogated with any ease. There were a number of questionable neurological signs, which were not agreed upon by all such as a slight left lower facial weakness, and possible left sided pyramidal tract signs. The most striking thing in her laboratory examination was hypernatremia and hyperchloremia. Arteriography was negative but combined ventriculography and pneumoencephalography gave evidence of a mass lesion in the floor of the third ventricle. The patient was studied extensively for evidence of impairment of hypothalamic function and there was a difference of opinion as to whether or not there was evidence of diabetes insipidus. Some felt that there was a mild form of this disorder. X-rays of the lungs revealed diffuse reticular pattern. This suggested to the examiners the possibility of Boeck's sarcoid. During the patient's month and a half stay in the hospital there was thought to be a flare-up of a chronic urinary infection which occurred after approximately three weeks in the hospital. There was also a deep thrombophlebitis in the left leg. Toward the end of the patient's course, she was receiving antibiotics for her urinary tract infection and attempts were made to correct her circulatory failure without avail. She died one and a half months following her admission, approximately five and a half to six months after the onset of her confusion and hypersomnolence, and a year and a half after the delivery of her last child and the end of her menses.