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CASE 14

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The patient, a 20 year old female, was admitted to a private hospital six days before death with the chief complaint of fever. The admission diagnosis was pneumonia. Several days later, because of neurological signs and symptoms, a spinal tap was done which revealed the presence of 7000 white cells, predominantly neutrophils. It was stated that gram negative intracellular diplococci were also seen. The patient received sulfadiazine, chloromycetin, combiotic and kanamycin. On the day of death the temperature rose to 108°. She died while being transferred to the hospital of the Medical College of Georgia.

The past history is significant because she was thought to have suffered from a progressive degenerative disorder of the central nervous system, such as amyotrophic lateral sclerosis or multiple sclerosis which began following a tonsillectomy two years before death. It was not possible to obtain an adequate neurological history.

At autopsy there was an irregularly defined cystic lesion in the lower pons and upper medulla which contained white, cheesy and flaky material. The cyst extended from the ventral surface of the pons and medulla to the floor of the fourth ventricle, producing slight obstruction of this ventricle and subsequently dilatation of the aqueduct, the third and lateral ventricles. Purulent meningitis of the lower thoracic and upper lumbar spinal cord was present. There was also a severe lobular pneumonia.