

CASE 13

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This 44 year old white male engineer developed headache and papilledema. He was admitted to Los Angeles VAH and a diagnosis of coccidioidal meningitis was established. No systemic coccidioides infection was found. He received a prolonged course of Amphotericin B, intravenously and intrathecally. Because of progressive headache, papilledema, blindness and dementia, a ventriculojugular shunt was performed 9 months later. A marked improvement followed with return of vision and speech and disappearance of headache. Following a recurrent febrile course, a diagnosis of chronic staphylococcus albus septicemia was made. Nearly 2 years after initial presentation this was thought to be due to an infection involving the shunt. Prolonged penicillin therapy and revision of the shunt brought long periods free of fever and toxemia but this ultimately recurred. Finally, surgical manipulation of the shunt was associated with periods of deep coma and the patient died 3 years following onset of symptoms.

An autopsy revealed chronic coccidioidal meningitis, chronic ventriculitis and miliary pulmonary and widespread coccidioidal infection.