

CASE 1

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This 3 month old infant was admitted because of fever and "failure to thrive." The mother of the patient had contracted Rubella at 5-1/2 weeks of pregnancy, followed by influenza at 6 weeks, and scarlet fever at 7 weeks. The infant was born at term but showed multiple congenital anomalies (cataract and microphthalmia - left eye, and cardiac abnormalities.) Hepatomeglia, splenomegaly and both inguinal and umbilical hernias were also present. There were no bone lesions. Cardiac catheterization established the presence of patent ductus arteriosus, mild aortic coarctation and mitral regurgitation.

Eleven days after admission to hospital surgery was performed to correct the patent ductus arteriosus. No aortic coarctation could be demonstrated. During the next two months the child had numerous bouts of pneumonia and cyanosis with varying degrees of cardiac decompensation. The enlargement of liver and spleen persisted. The patient continued a relatively downhill course and died approximately 3-1/2 months after admission.

Significant pathological findings: Cataract and microphthalmia (L); patent ductus arteriosus (surgically corrected); pulmonary infundibular stenosis; patent foramen ovale. Pneumonia, acute and chronic (viral?).

Brain: No gross abnormalities. Micro: Perivascular mineralization of the vessels of the basal ganglia (post-rubella).

Sections: H & E stain

Points for discussion:

- 1) Etiology of mineralization
- 2) Reasons for lack of usual manifestations of viral infection
- 3) Reasons for lack of malformation of brain