## CASE #3

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The patient was a 20-year-old male who had no significant past medical history and was employed as a janitor in a TB hospital. His X-rays and PPD's were negative. His first hospital admission took place three years prior to his death. A pneumonia was diagnosed and successfully treated.

The patient's second admission occurred two years prior to death. At this time, he complained of increased fatigability, malaise, anorexia, abdominal tenderness and fever. A lymph node biopsy showed reactive hyperplasia. He was anemic. No organisms were grown from many specimens submitted for study. While in the hospital, he had a grand mal seizure. An EEG showed multifocal spikes with a right anterotemporal focus. He had an unrelenting low grade fever which was unresponsive to antibiotic therapy. He showed mental depression and confusion; after treatment with steroids, his condition improved, and after two months of hospitalization, he was discharged.

Two and a half months prior to his death, he was admitted because of increasing confusion, lethargy and disorientation. He was febrile and anemic. The lumbar puncture showed cerebro-spinal fluid protein 187 mg.% with 4 white cells. Two normal brain scans and a normal bolus study were obtained. The EEG was read as a moderately severe nonspecific encephalopathy. There were no focal or paroxysmal abnormalities. While in the hospital, the patient had increasing stupor and grand mal seizures. The LP at one time showed protein 215 mg.%. Despite increase of steroids, patient's confusion and bizarre behavior worsened. He gradually deteriorated and died on the 85th hospital day.

The post mortem examination showed as the immediate <u>cause of death</u> broncho-pneumonia with multiple abscesses caused by Pseudomonas. No other significant lesions were seen in the viscera.

Microscopic section of brain is stained with hematoxylin and eosin.

## Points for discussion:

- 1. What is the diagnosis?
- 2. How often does this disease only affect the nervous system?