CASE #2

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A 54-year-old man became ill in mid September . Several days after arrival in Hawaii, he became irritable and withdrawn; a few days later, he complained of headache and a week later, he had a generalized seizure beginning with head turning to the left. He was admitted to a local hospital after return to California, and at that time, had mild temperature elevation. Several lumbar punctures showed elevation of pressure to 280 mm H_2O, 19 to 300 WBC (mostly lymphocytes) and normal sugar and protein. CSF protein electrophoresis and cytology were negative. Acute and convalescent titers on CSF for herpes, mumps, measles were negative. Skin test was anergic. CT scan was normal. EEG showed generalized slowing without focality. CBC showed WBC 16-18,000 with left shift. ESR was 47. FANA, RA, C_3 complement were normal. He was discharged on Dilantin, INH and Ethambutol. He remained intermittently confused.

On November 15 , he was readmitted to hospital after a near-syncopal episode. He was less confused, but had diffuse hypertonia and mild hepatosplenomegaly. The anti-tuberculous therapy was discontinued. Bacterial, TB, fungal cultures of blood, liver biopsy and CSF were negative. Titers for cryptoccus and coccidioides on CSF were negative. Other tests were also negative, including CT scan. EEG showed diffuse slowing. The temperature was 101-103° F. He was given antibiotic treatment for one (1) week without benefit.

In mid December , the patient was transferred to PA-VAH. His temperature was 102°, BP 160/80, Resp. 30 and pulse 110. There was no rash, lymphadenopathy or organomegaly. He responded only with opening of eyes when spoken to. There was disc blurring on the left without venous engorgement. He had increased tone with paratonia and positive grasp, snout, and suck reflexes. His DTR's were hyperactive with ankle clonus on the right. There was mild nuchal rigidity. WBC was 13,000 with left shift. LP contained 104 WBC (63% polys), RBC 2, glucose 60/118, protein 62. Serum and CSF were VDRL negative.

Culture of blood and CSF (both lumbar and cisternal), sputum, bone marrow for TB, fungi and bacteria were repeatedly negative. CSF titers for fungi were negative. Serum titers for toxoplasmosis were negative. Brain scan was normal. The EEG showed generalized slowing with prominent triphasic waves.

On 12-29 , he was restarted on anti-TB medication. On January 9 , he had onset of frequent generalized seizures that were difficult to control. His course was progressively downhill with intermittent fever. On 1-31 , he had an episode of Cheyne-Stokes respiration and apnea and he died on February 1 , 4-1/2 months after onset of the illness.

NECROPSY FINDINGS: Examination of the viscera showed only organizing pneumonia.

MATERIAL SUBMITTED: One (1) slide stained with H & E.

POINTS FOR DISCUSSION:

1. What was the etiologic agent?