

CASE 9

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A 53 year old man was admitted to the hospital for investigation of fever of unknown origin following an upper respiratory infection one month before admission. General physical examination revealed no abnormalities except for leucocytosis with shift to the left. Laboratory studies were non-contributory. Neurologic examination: Deep tendon reflexes were physiological and no pathologic reflexes were elicited. The cranial nerves were intact except for the optic nerves. Difficulty in vision in the right eye has progressed to complete blindness; fundusoscopic examination showed edema of the nerve head and a few punctate hemorrhages. In the left eye, there was pallor of the optic disc and a left superior temporal quadrant defect. Arteriography demonstrated some elevation of the right anterior cerebral artery. Fluid obtained by lumbar puncture was under normal pressure but the spinal fluid protein was 140 mgm.%. Craniotomy was performed the next day. There was thickening of the right optic nerve proximally, with extension into the optic chiasm. The left optic nerve appeared normal. Arteriosclerosis was seen in both carotid siphons beneath the optic nerves but no other abnormalities were encountered. Postoperatively, the patient's temperature became normal but after ten days fever again appeared and the patient gradually became demented. No significant differences in neurologic signs were noted after operation with the exception of slight left lower facial weakness. One week before his death, the patient developed marked nuchal rigidity. Lumbar puncture at that time yielded slightly xanthochromic fluid with 10 white cells per c.mm. The protein was 80 mgm.% and bacteriologic studies were negative. His course was down-hill and he died five weeks after admission. The only gross change was enlargement and abnormal appearance of the right optic nerve. A few peripancreatic lymph nodes were enlarged.