

CASE 2

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This was a 5-year-old boy who died one week after admission to the hospital. His illness had begun 3 weeks before admission with right otitis media, treated with antibiotics and clearing until 1 week before admission, when fever spiking to 104°F began. The day before admission he vomited, began to stumble and had left sided weakness. On admission he was irritable, had a stiff neck but the weakness could not be confirmed and no other neurological signs were abnormal. CSF was bloody with xanthochromic supernatant, pressure 300 mm of CSF, 4200 WBC, 50 mg% sugar, 86 mg% protein, no bacteria on gram stain. The following day he suddenly cried out, became opisthotonic and unresponsive, with periodic respirations down to 3-4 per min., unreactive 4 mm pupils, normal eyegrounds, markedly decreased DTR's. He recovered but had another attack a half hour later and was left with a flaccid left hemiparesis with homonymous hemianopsia. EEG showed right parietal slowing and right carotid arteriogram and right sided twist drill explorations were unrevealing except for failure of filling of posterior parietal vessels and subsequent culture of coagulase-positive staph from the brain biopsy and blood. On the fourth day he deteriorated, becoming decerebrate with respiratory failure, but was kept on the respirator another 3 days before being pronounced dead. A variety of antibiotics, anticonvulsants, dehydrants, etc., were used throughout his course to no avail.

The slide is from a serial section of the right middle cerebral artery. Has anyone else seen such an embolus?