

Case 3

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Clinical Abstract:

A 43 year old female had proliferative membranous glomerulonephritis and received a kidney transplant from her brother at age 36. She was treated with immunosuppressants including prednisone. She did well throughout the years and only showed signs of a mild rejection syndrome. Approximately six weeks prior to her death she developed pain over the right eye which was followed three days later by a rash and eruption of small vesicles on the skin in the distribution of the first division of the trigeminal nerve and she had periorbital edema. A clinical diagnosis of herpes zoster of the trigeminal nerve was made and she received topical treatment. Ten days after the skin eruption, she developed corneal lesion and complained of a headache. On lumbar puncture, the CSF contained 60 white blood cells with 56% polymorphonuclear cells and 43% lymphocytes. The protein was 66 mg%; viral, bacterial and fungal studies were negative. Over the next few weeks, she developed a superimposed skin infection which was treated with antibiotics. The patient continued to have a moderate temperature elevation (101<sup>0</sup> - 103<sup>0</sup>F.) and headache.

Multiple CSF studies showed persistent pleocytosis with lymphocytic predominance, increased protein and normal sugar. The neurological examination did not show any focal signs. The right eye was totally immobile and the pupil was unreactive. Three weeks prior to her death, she developed visual hallucinations and myoclonic jerks of the extremities. An EEG was abnormally slow and it showed sharp paroxysms often correlated with the myoclonic jerks. A CT-scan was normal. Soon thereafter, she developed memory disturbances and a mild confusional state. Two weeks prior to death, she developed ataxia and tremor of the arms. Her fever continued and there was no change in her neurological status. Repeat CSF studies one week prior to her death contained 18 RBCs, 74 WBCs, 85% lymphocytes and 10 monocytes, glucose of 55 mg% and protein of 145 mg%. Two days prior to her death, she complained of severe constipation and she later died of a fulminant peritonitis.

Points for Discussion:

Diagnosis