

Case presentation

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Anamnesis

- 62 years, finnish male
- Smoker, no medication. prostatic-ca -08: total resection.
- PSA 0.3→0.6. MRI normal. Biopsy: local residive. Bones/skeleton: clear
 - Radiotherapy
- 1990 hypophysis adenoma: no hormonal activity

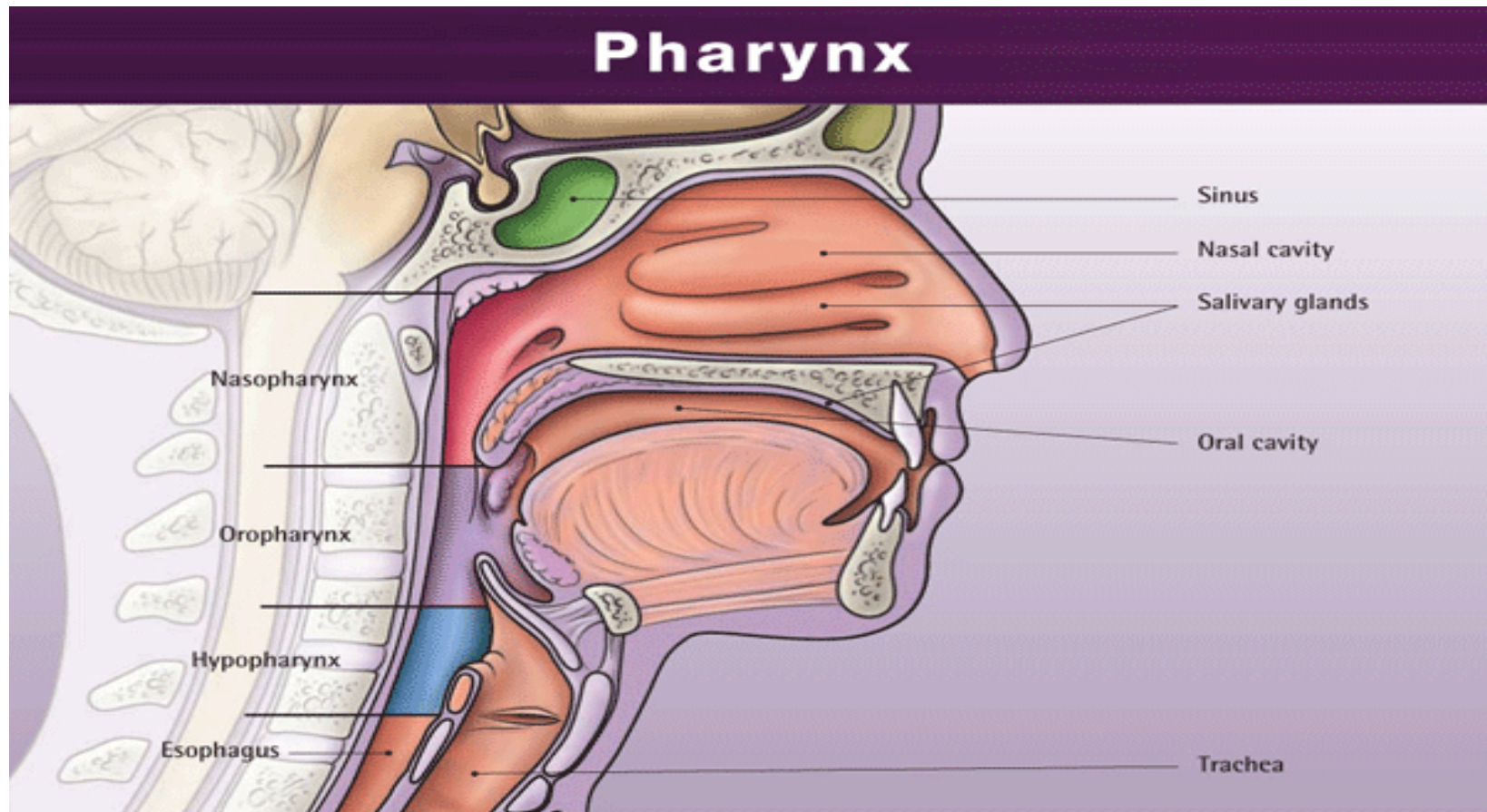
Throat pain, globus syndrome, hard to swallow
loose of weight 20kg in 8months

Gsk: slight ulserations, antacid started

01/2012 vertigo, cephalalgia, nausea (2 weeks)

- Light fever 37.3, throat pain
- No spesific neurological findings
- CT: no acute findings
- Uvula palatina: irritation/edema, hypopharynx: edema continuing to epiglottis level at left. tonsillas looks erosive, like "post tonsillectomy"
 - Fine needle biopsy
- Thx: diffuse parenchymal infiltraration
- Later at vard: desorientation, confusion → Liquor, asiclovir i.v. started.

Pharynx anatomy



Laboratory results

- Liquor: eryt 6(<1), leuk 205(<3), prot 2714(100-500), lactate 8.9(<3), gluc 2.0 (2.2-4.2)
- Hb 125 g/l (134-167) MCV 85, MCH 30
- CRP 3 (<10). Sedimentation rate 20-23 (10-16)
- potassium 3.7 (3.5- 4.8) sodium 129 (137-144)
- krea 53. U- sediment: normal
- S-Calcium-ion 1.14.
- TSH 0.89, T4V 13.1
- LH 2.3, S-testo 6.1

Thorax



Hypothesis

CNS infection/Aseptic meningitis

- likvor: no bacteria, low glucose, high protein, leuk 200.

- Adenohypophysis dysfunction

- 1. hypogonadotropic hypogonadism
- 2. low ACTH → glukocorticoids → dilution → hyponatremia

Systemic clinical picture

Mycotic infection? Tuberculosis?

sarcoidosis? Vasculitis?

- PAD: epitheloid granulomas
- ANCA: neg

Bronchoscopy

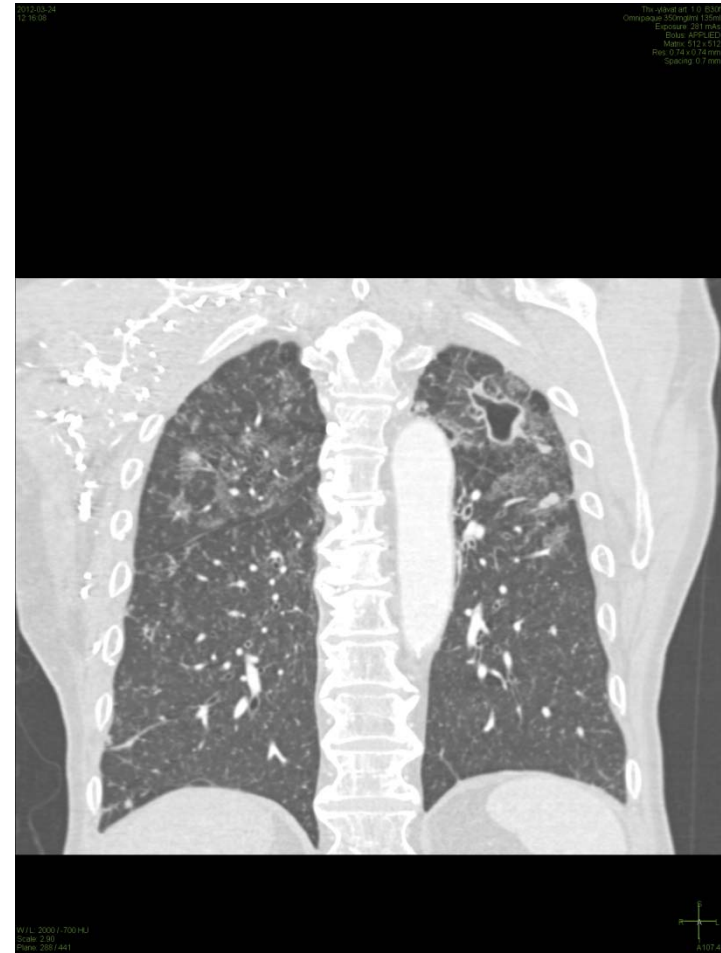
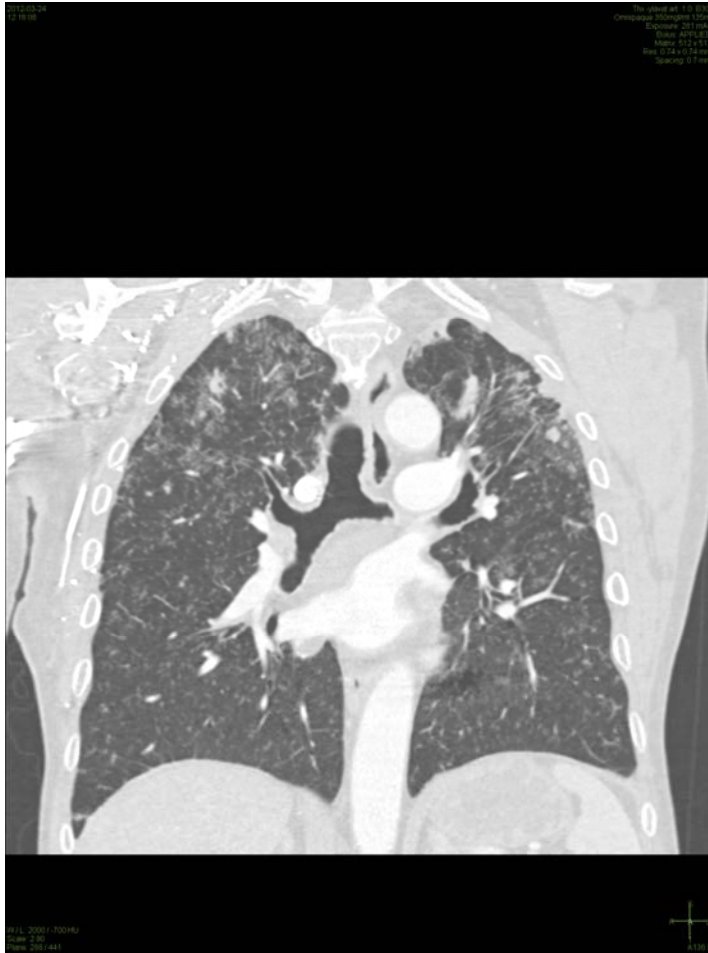
- "hypopharynx very aberrant, swallowed and tight, but trachea and bronchial tree normal/clear
- Isolation conditions at infection ward



Intensive care unit

- Anesthesia, intubation
- Head MRI: lateral and third ventricle are larger than normal. → hydrocephalus
 - Spinal catheter
- Liquor, BAL- liquids, bronchial and pharyngeal secretion samples, sputum:
 - Acid resistant bacillus, nuclein acid posit

CT-scan



- Antibacterial treatment for tuberculosis
 - isoniazid
 - rifampicin
 - ethambutol
 - pyrazinamide
 - + vitamin B6
- Extubation after four days
- Lower limb paresthesia, slow recovery
- Big brother had tuberculosis as child