

Patient #111

Chief Complaint: This 36 year old black male presented with fever, sore throat, and facial pain for 7 days.

History of Present Illness: He had a history of diabetes mellitus for 19 years, and had been on insulin therapy until 2 months before admission. He also had biopsy-proven alcoholic cirrhosis diagnosed 3 years prior. Three weeks before admission, he developed polyuria and polydipsia; urine tests showed + glucose. Two weeks prior to admission he developed swelling of his abdomen. One week prior to admission he developed low grade fever, nasal congestion, right maxillary pain, and sore throat. In the 3 days prior to admission, he became progressively more lethargic. On the day of admission, he developed drooping of the right side of his face, and was brought to the hospital. There was no history of earache, nasal discharge, cough, chest pain, abdominal pain, or shortness of breath.

Past Medical History: He had diabetes mellitus and cirrhosis (as noted above). He also had hypertension and chronic renal insufficiency. He had a history of schizophrenia, resulting in discharge from the armed services at age 19. He had a laparotomy for a gunshot wound 14 years ago.

Medications: Furosemide, spironolactone, prazosin, trifluoperazine, benztropine, amitriptyline.

Allergies: none known.

Family History: positive for diabetes mellitus.

Social History: He has smoked 1 pack of cigarettes per day for 20 years. He drank one-fifth of whiskey per day for 10 years, but over the last 5 years has drunk only an occasional beer. He used intravenous heroin and cocaine 13 to 17 years ago.

Physical Examination: He was a thin black male who appeared acutely ill. BP 124/60; pulse 116; respirations 16; temperature 99.6°F (37.5°C).

The head was normocephalic and atraumatic. The right eye was proptotic and immobile. The conjunctivae were pink, and the sclerae were anicteric. The pupils were equal; the right pupil did not react to light. The right nasal turbinates were erythematous. The oropharynx was dry; there was a dark lesion on the right side of the hard palate. The neck was supple. There was no lymphadenopathy. The lungs were clear. Cardiac examination showed normal sounds, and a grade II/VI systolic ejection

murmur at the right upper sternal border, without radiation. The abdomen was distended, with prominent venous collaterals. There was shifting dullness and a positive fluid wave. The liver was 18 cm in the midclavicular line by percussion; the edge was firm and non-tender. There was no splenomegaly. Rectal examination showed guaiac negative stool. Genital examination showed atrophic testicles. The extremities showed no cyanosis, clubbing, or edema. Neurologic examination showed that he was lethargic and confused. There were palsies of the right III, IV, VI, and VII cranial nerves. The patient moved all extremities.

Laboratory Data:

			<i>Normal</i>
CBC	Hgb	11.9	14.0-18.0g/dl.
	Hct	36	42-52%
	MCV	87	84-99 fl
	WBC	17.3	4.8-10.8 X 10 ⁹ /L
	Neut	84	40-70 %
	lymph's	2	25-45 %
	mono	9	2-12 %
	bands	5	0-10 %
	platelet count	120	150-400 X 10 ⁹ /l
Chemistries	sodium	120	135-149 mmol/l
	potassium	6.3	3.5-5.3 mmol/l
	chloride	86	98-108 mmol/l
	CO2	17.3	24-32 mmol/l
	BUN	75	6-20 mg/dl
	creatinine	4.3	0.5-1.5 mg/dl
	glucose	1140	70-110 mg/dl

protein, total	6.1	<i>6.0-8.0 g/dl</i>
albumin	1.3	<i>3.6-5.0 g/dl</i>
bilirubin, total	3.3	<i>0-1.2 mg/dl</i>
bilirubin, direct	1.6	<i>0-0.4 mg/dl</i>
AST (SGOT)	72	<i>0-50 U/L</i>
ALT (SGPT)	58	<i>0-70 U/L</i>
ALP	126	<i>40-125 U/L</i>
PT	15.5	<i>11-14 sec.</i>
PTT	41	<i>25-40 sec.</i>

Urinalysis: 3+ glucose, 1+ protein, 2+ blood, and 1+ bile; microscopic examination was unremarkable.

Chest X-ray : no pulmonary infiltrates.

EKG: sinus tachycardia, but otherwise unremarkable.

CT scan of the orbits and sinuses: soft tissue mass in the right maxillary sinus, and a fracture of the right orbit.

Lumbar puncture: clear cerebrospinal fluid. 30 WBCs, with 70% polys and 30% lymphs; gram stain showed no bacteria.

Paracentesis: straw colored ascitic fluid; microscopic examination revealed 600 WBCs with 50% polys, but no organisms.