

██████ - Cpl, ██████ Q.M. Trk. Bn.,

E.M.

Onset: 7 December 1944 (probably) as acute frontal sinusitis.

Admission: 11 December 1944 from the 7th Sta. Hosp.

Died: 14 December 1944 of subdural abscess.

This 21 year old, negro had attended to <sup>the</sup> U.P.E.E.N.T. clinic at the 7th Sta Hosp for one or two days because of a frontal sinusitis and was admitted to that hospital on the 9th of December because of the sinusitis associated with a severe headache. On the 10th of December the headache became more severe and by the 11th of December the patient was comatose. Our neurosurgeon, in consultation, advised immediate operation and the patient was transferred to the 12th General Hospital the same day. On admission he was comatose, hemiplegic and hemianesthetic, and the neck was rigid. Operation shortly after admission through right frontal area released quantities of stinking grey-green <sup>pus</sup> from the subdural space. Adequate <sup>drainage</sup> ~~drainage~~ did not affect the <sup>cause</sup> ~~cause~~ of the disease. Sulfonamides (sulfadiazine) were discontinued in favor of Penicillin, intra-muscular and intrathecal. Spinal tap yielded a cell count of 900 of which 60% were polys. Numerous bacteria in the C.S.F. smear cultured out as hemolytic streptococci. Signs of pneumonia appeared 13 December resistant to all therapy.

The salient features of the postmortem were:

" There is a recently-shaven area over the right frontal region of the scalp, in the center of which is a small surgical incision from which two rubber drains protrude. No discharge is coming from them."

The left lung weighs 250 grams and reveals only a diffuse edema and congestion of all lobes on sections, more marked in the basal portion. The hilar nodes are small and stem structures not exceptional. The right lung has only two lobes, but apart from this congenital anomaly it resembles its mate.

The scalp in the region of the burr hole is edematous and somewhat leathery. The dura over the right half of the brain is tense and fluctuant; that of the left appears essentially normal. In attempting removal of the brain intact with all its meninges green pus welled up from the subdural space about the two rubber drains, both of which were well placed in the subdural space.

The right frontal sinus is about three times as large as its mate and extends well across the midline. It is irregular in configuration, lined by a thick mat of fibrin, and stuffed with thick greenish pus. Its mate is not involved, although the lining membranes seem reddened. The right ethmoid air cells are filled with pus similar to that observed elsewhere; the right sphenoid group contain mucoid material, but no gross pus. The accessory nasal sinuses on the left are anatomically normal. The maxillary sinuses are opened. The right has an inflamed membrane, but suppuration is absent; the ~~right~~ left is unchanged.

The anterior fossa is examined carefully for evidences of communication between the involved sinuses and the subdural collection of pus. No break was grossly visible.

Lung (2sec): Sections show considerable pulmonary edema, some disruptive emphysema, and occasional alveolar macrophages. Pneumonic changes are lacking.

Brain (3sec) : One section shows a huge subdural abscess. The underlying arachnoid membrane shows considerable proliferative response to the overlying accumulation of polys.

Clinical Diagnoses:

- (1) Sinusitis, acute, purulent, frontal and maxillary, right, severe.
- (2) Abscess, acute, right frontal lobe.
- (3) Meningitis, acute, suppurative.
- (4) Pneumonia, bronchial, severe.

Gross Pathological Diagnoses:

- (1) Subdural abscess, right half of brain
- (2) Sinusitis, acute, purulent, streptococcal, involving right frontal and ethmoidal air cells.
- (3) Sinusitis, acute, non-suppurative, involving right maxillary and sphenoidal air cells.
- (4) Pulmonary congestion and edema, moderately severe.
- (5) Postmortem softening of parenchymatous viscera.
- (6) Burr hole, recent, of right frontal bone.
- (7) Surgical drainage of subdural space of right frontal lobe.