

[Enterobacteriaceae Infections]

GRAND ROUNDS

May 27, 1959

Infant [REDACTED] [REDACTED]

This 1360 gram white female infant was born prematurely to a gravida 2, para 1 mother who had received no antenatal care. The membranes ruptured 40 hours before the baby was delivered. Delivery was by breech extraction, some difficulty being experienced in delivery of the aftercoming head. The baby was slow to breathe and required endotracheal resuscitation.

On arrival in the nursery the condition was poor with cyanosis and some retraction. Chloromycetin 40 mg. q-6 h. I.M. was started because of the history of premature rupture of the membranes and endotracheal resuscitation.

Two days later the baby was noted to be icteric. Mother was A Rh-ve, baby O +ve. Coombs - ve, no evidence of hemolysis was noted on blood smear. Blood culture was drawn and penicillin and erythromycin were added to the chloromycetin. The bilirubin rose rapidly to 20.4 mg.% and an exchange transfusion was performed using 200 cc O +ve blood. This was repeated 2 days later because of a second bilirubin rise to over 20 mg%. Throughout this time the baby remained lethargic with periods of apnea. WBC showed 9,550 cells with 37% segs, 16 bands, 2 monocytes, 42 lymphocytes, and 3 eosinophiles. A spinal tap showed xanthochromic fluid with protein of 250 mg% and 6 cells. Three blood cultures, spinal fluid culture and smear of gastric contents for inclusion bodies was negative. The baby died suddenly 2 days later.

Gross autopsy findings included congestion of the liver and kidneys, a small subarachnoid hemorrhage with moderate bile staining of the brain substance and poorly expanded lungs from which some yellow material could be expressed. On smear this showed a few polymorph leukocytes and some gram -ve rods. Culture grew aerobacter aerogenes. Microscopically, there were small focal hemorrhages in the cerebral cortex and focal areas of interstitial pneumonitis.