GRAND ROUNDS
October 8, 1958

[redacted] is a 9 year old white female who was in good health until [redacted]58, when she developed fever, swelling of the neck, and a red, tender area on the left thigh. She was seen by a physician who diagnosed strep throat and began her on penicillin. Fever continued; a similar swollen area developed on the left forearm. Chloromycetin was added on [redacted] with no change. She was admitted to a hospital in [redacted] where in the next few days she developed diffuse myalgia, periorbital swelling, and possible joint swelling. She continued to run fever to 105 degrees and grew progressively worse. Multiple antibiotics were given without change in her condition. Two blood cultures, several urines, and an L.E. prep were negative. On [redacted] she broke out in a macular rash beginning on the trunk and spreading to the face and extremities. On [redacted] she was sent to [redacted]

Physical examination revealed a white female showing marked loss of weight, a macular flush over the face with peri-oral pallor, desquamation of skin over trunk and extremities with peeling of palms and fingers, slight periorbital edema with bluish discoloration around the eyes, marked generalized muscle tenderness with little change in the overlying skin, a diffuse swelling of the left hand and right foot with no definite joint involvement, a Grade II apical systolic murmur and marked upper abdominal tenderness which prevented evaluation of the liver or spleen. Blood pressure was normal, temperature 104 degrees, and weight 44 lbs, supposedly she had weighed about 75 lbs prior to her illness.

Laboratory: Hgb. 10.35, WBC 21,300 with 89% segs. Urine 1+ albumin, rare RBC, 5 to 9 WBC, many casts, sed rate 53, platelet count 350,000, bilirubin 1.26, ASO titer 2500, skin tests for TB, histoplasmosis, coccidiomycosin negative, L.E. preps x2 negative. On [redacted] a skin and muscle biopsy was done, and the following morning she was begun on cortisone, 75 mg. q. 6 hr. with a rather prompt response of normal temperature, decrease in myalgia and increased appetite. This continued until [redacted] when increasing myalgia, swelling of the right sternocleidomastoid muscle, thickened subcutaneous tissue of the neck, chest and upper arms, and moderate hypertension began. On [redacted] cortisone was changed to hydrocortisone at the same dosage with good response. Hypertension remained but at a lower level. She was discharged on [redacted], with severe weakness of the right hand and right leg and early contractures of right elbow and knee, on hydrocortisone, 50 mg. q. 6 h. Her cortisone was gradually decreased at home and on [redacted] was cut to 100 mg/day but on [redacted] low grade fever and swelling of the dorsum of the left foot and right arm appeared but disappeared when the cortisone was raised to 200 mg/day. At present she is on 120 mg/day. Her muscle function is unchanged, blood pressure 130/90, and skin changes are almost gone.