It was also pointed out that the changes in calcium, phosphorus and phosphatase that occur in the generalized form of osteitis fibrosa cystica are not seen in the isolated type. Finally, a brief description of the operative procedure carried out was presented and the microscopic picture of the disease described.

REFERENCES

SYSTEMIC BLASTOMYCOSIS WITH SPINAL CORD INVOLVEMENT
CASE REPORT

ROBERT C. GREENWOOD, M.D., AND HAROLD C. VORIS, M.D.
Mercy Hospital and Loyola University Clinics, Chicago, Illinois
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This case is reported because the unusual clinical course and pathological aspects make it important not only in the differential diagnosis and treatment of surgical conditions of the spinal cord but also as a rare manifestation of an already uncommon grave disease. Blastomycosis usually takes either a cutaneous or a systemic course. The cutaneous type tends to heal, whereas the systemic type is characterized by chronicity, and widespread infection in the lungs, subcutaneous tissues, bone, and internal organs. Prognosis in this type is extremely grave.

Blastomycosis itself is relatively rare, since up to 1939 Martin and Smith1 reviewed 347 proved and presumptive cases. In only 16 of these cases was the central nervous system involved. The usual course of such involvement is that single or multiple abscesses develop in the cerebrum, cerebellum, and brain stem, with a basilar purulent meningitis as a part of the generalized systemic variety. However, in 1940, Craig, Dockerty, and Harrington1 reported an intravertebral and intrathoracic extradural mass that simulated a dumb-bell tumor. It proved to be a blastomycotic lesion and it is probably the first case report of such a lesion simulating a tumor in the spinal canal. In Friedman and Signorelli’s2 case the blastomycosis involved only the meninges of the brain and spinal cord. Detailed descriptions of the usual course and pathology of both types of blastomycosis have been described by Montgomery and Ormsby,3 Wade and Bel,4 and Stober.5 With regard to the identification and isolation of Blastomyces dermatitidis and differential features of mycotic lesions, Stoddard and Cutler,6 Martin and Smith,4 and Hassin5 have covered the important points.

REPORT OF CASE

J.M., a 40-year-old white woman, referred by Dr. L. Kratz, was admitted to Mercy Hospital on March 7, 1946, with a diagnosis of myeloma or spinal cord tumor. Her chief complaints were numbness beginning in the calves of the legs and reaching the waist, and progressive
weakness of both legs with difficulty in walking. Both complaints had developed over a 3-week period prior to admission. For 3 years, she had experienced mild mid-dorsal pain in the back that was relieved by ordinary analgesics and was not aggravated by coughing or straining. She had had a fractured right rib 8 years before, and blastomycosis of the skin of the face and upper extremities 4 to 5 years prior to admission. Biopsy of the skin at that time was reported as blastomycosis. The skin lesions healed rapidly and she was apparently well until the onset of the present illness.

Examination. There were several small white scars on the left cheek of the face. Neurological findings were: hypesthesia of the lower limbs and trunk with a level at the 7th thoracic dermatome, absent vibration sense in the left leg, weakness of the trunk muscles and lower limbs, equivocal Babinski signs, and ankle clonus bilaterally.

Roentgenograms of the spine showed erosion of the pedicles of the 6th and 7th dorsal vertebrae with impairment of those of the 8th body. A discrete punched-out area, about 1 cm. in diameter, was found in the head of the 7th rib on the right side (Fig. 1). A routine chest plate was reported to have a light homogeneous density about 6 cm. in diameter, irregularly outlined, but extending out from the right lung root and fading in the parenchyma of the right lung (Fig. 2). Urine analysis was normal. Rbc. 3,850,000; Hb. 74 per cent; Wbc. 7,200 with 54 per cent polys, 40 per cent lymphocytes, 1 per cent eosinophils, and 3 per cent monocytes.

Operation. On March 9 an extensive laminectomy and decompression of the spinal cord with partial removal of an extradural granuloma was carried out. Purulent material exuded from a cavity in the articular process of the 7th rib. The upper and lower limits of the gran-

Fig. 1. The X-ray of the dorsal spine revealed erosion of the pedicles of the 6th and 7th dorsal vertebrae, with a punched-out area of decreased density in the head of the right 7th rib.

Fig. 2. The patient had no complaints referable to the chest. The film was reported to have a light homogeneous density in the right lung extending out from the root.