Leptospirosis complicated by fatal intracerebral haemorrhage

Leptospirosis is a potentially fatal bacterial disease that has traditionally been associated with occupations such as mining and farming, in which the risk of contact with contaminated rodent urine is fairly high. We describe a patient who contracted leptospirosis while on a walking holiday in the inner Hebrides. Despite early diagnosis and apparently successful initial treatment he died after a spontaneous intracerebral haemorrhage.

Case report

A 39 year old man was transferred to Glasgow from Islay, an island in the inner Hebrides. He had collapsed while walking in the hills two days previously and had been admitted to the local hospital confused, dehydrated, and shocked. He was rehydrated and, on arrival in Glasgow, seemed well, in spleen, liver, and kidneys. No serotype was obtained because of autolysis. Leptospira titres in serial samples of the patient’s serum later proved to be negative.

Comment

The clinical picture in this case was that of Leptospiira icterohaemorrhagiae, although confirmation of the serotype was not obtained. Serological tests may give negative results even in proved infection, as here. Intracerebral haemorrhage complicating leptospirosis has been reported in two cases. Our patient had multiple areas of intracerebral haemorrhage despite normal coagulation and a platelet count that never fell below 69 × 10^9/L. He was not hypertensive and did not have evidence of a vascular anomaly or mycotic aneurysm. Cerebral vasculitis or direct spirochaete invasion of the vessel walls may have been responsible for these lesions.

Rapid diagnosis of leptospirosis on clinical and laboratory criteria is essential for early inception of specific antibiotic treatment. Nevertheless, intracerebral haemorrhage is a rare but important complication that may occur in the recovery phase despite normal coagulation state and platelet count.

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Non-accidental injury in children: two cases of concealment of self injury

People who work with children have to be aware of many explanations for children’s injuries. Roberton et al showed that up to 60% of children aged 3 may show signs of recent injury.1 Meadow described children who are continually subjected to medical investigation because of artefacts caused by their parents.2 Non-accidental injury inflicted by others is well documented,3 but we present two cases of concealed self injury, in which the blame for injury was attributed to others.

Case reports

Case 1—A 6 year old girl lived with foster parents, having been taken into care when aged 3 because of her mother’s chronic mental illness. One of us (JR) saw her, her foster parents, and a social worker because on several occasions she had been found at school to have bruises on her legs. The head teacher had reported the bruising to the school medical officer and the foster parents, who were outraged at the suggestion that they had injured her. She was not forthcoming, but would talk about life at school and home. At a subsequent interview she showed how she bruiscd herself by hitting the inner aspects of both thighs and calves with her fist. Discussion with the foster parents showed that they had difficulties in verbalising their anger. They had suspected that the girl might be injuring herself but could not be sure and had not known what to do. As they could not build a trusting relationship sufficiently quickly they thought that she should be removed from their care because of the accusations made by school staff and other authorities. She had to return to institutional life.