Complete Lobar Consolidation in an Infant *

R. K. Dutt Choudhury, B.Sc., M.B.

and

N. G. Debdas, M.B.,

Calcutta

Complete lobar consolidation in early infancy is a clinico-pathological curiosity. Hence the following case which was diagnosed at autopsy is reported.

Report of a Case

B, a male child of 1 month was admitted in the Chittaranjan Sishu Sadan on the 6th May, 1939 with the history of frequent, loose green motions with mucus and distension of abdomen since 21 days. The onset was sudden.

He was breast-fed for a week only. With the onset of the present illness breast-feeding was discontinued.

On examination he was found to be poorly nourished with sunken eyes and slightly depressed fontanelle. Vomiting was present. Urine free. He was running temperature. No abnormality was detected in other systems.

Laboratory Findings:

Blood examination report:

<table>
<thead>
<tr>
<th>Dates</th>
<th>7-5-1939</th>
<th>6-6-1939</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemoglobin</td>
<td>86%</td>
<td>55%</td>
</tr>
<tr>
<td>R. B. C.</td>
<td>4.9 Mill. per cmm.</td>
<td>3.3 Mill. per cmm.</td>
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<tr>
<td>W. B. C.</td>
<td>16,000 per cmm.</td>
<td>15,600 per cmm.</td>
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<tr>
<td>Polymorphonuclear</td>
<td>64%</td>
<td>75%</td>
</tr>
<tr>
<td>Lymphocytes</td>
<td>32%</td>
<td>24%</td>
</tr>
<tr>
<td>Monocytes</td>
<td>4%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Urine report on 7-5-1939.

Stool report on 7-5-1939.
Yellowish fluid—acid. Occult blood—trace. Full of pus cells and epithelia. No cyst, no ova, no parasite found.

*From the Chittaranjan Sishu Sadan (Children's Hospital), Calcutta.
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Course:—

In a week’s time on a therapeutic dietary the stool became formed, yellow and less frequent. An irregular temperature persisted in spite of improvement in the general condition. With Pot. Citras the temperature could be controlled only temporarily. Mandecal was then prescribed and as the urine was not sufficiently acid this was combined with Ammon chlor. later on. There was no impression upon the temperature. Albumin, however, disappeared and only a few pus cells persisted in the urine.

On the 3rd June the patient had an attack of acute diarrhoea and vomiting. Signs of dehydration were evident after an interval of 48 hours. Constitutional and nervous symptoms supervened simultaneously. He was restless, toxic, groaning constantly and giving out loud shrieks at times as if in pain—these persisted till the end. The temperature rose very high.

Breathing was shallow and rapid. Breath sounds harsh with a few moist sounds here and there. There was no dullness. Abdomen was greatly distended and tense.

On the fourth day of illness bowel stopped moving and toxæmia, respiratory distress and abdominal distension were aggravated. Rectal examination and stool report did not reveal anything significant. Flatus tube, enema and turpentine stupe did not produce any striking result. There was only one small evacuation after the locking. Hyperpyrexia and slight cyanosis ended the scene on the sixth day.

Autopsy Findings:—


Thorax—Right lung. The whole of the upper and lower lobes consolidated. On section of the consolidated areas—grey hepatisation. Left lung—base congested.

Trachea and larynx—contain tough mucus and froth.

COMMENT

The whole picture was thought to be due to alimentary intoxication. As the almost complete and sudden locking of the bowels associated with greatly distended abdomen could not be explained satisfactorily a provisional diagnosis of acute abdomen (intussception?) was made. Post-mortem examination revealed interesting findings which have already been referred to.