as systemic lupus erythematosus or sarcoidosis, is lymphocytic rather than neutrophilic.

Still’s disease may cause neutrophilic meningitis. When a patient with Still’s disease presents with meningitis, standard antibiotic treatment should be instituted. NSAIDs or steroids can be added immediately to the treatment and are clearly indicated when the cultures are negative and fever persists.

Key words: Juvenile rheumatoid arthritis—Still’s disease—Meningitis.

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References

NeuroImages

Transient tumor attacks
Calin I. Prodan, MD, Marc E. Lenaerts, MD, Zahid Cheema, MD, Neil R. Holland, MBBS, Oklahoma City, OK

A 75-year-old man had a history of multiple recurrent squamous cell carcinomas affecting the scalp, face, and ears, treated by surgical excision and scalp irradiation. He was admitted to the neurology service because of recurrent episodes of left-sided numbness, each lasting approximately 30 minutes, without associated “positive” sensory phenomena such as warmth or paresthesias. There was a large necrotic tumor with central necrosis and hemorrhage on the right side of his scalp (figure, A). He had left-sided pronator drift; slow, clumsy finger and toe tapping; and hyperreflexia with an extensor plantar response. Results of his neurologic examination were otherwise normal. CT imaging of the brain showed diffuse right hemispheric edema (figure, B) with cortical enhancement (figure, C). Brain MRI showed direct extension of the right scalp lesion through the skull into the subdural space, with leptomeningeal enhancement, which was believed to represent local tumor spread (figure, D). CSF was acellular. EEG showed parietal spikes. He was started on phenytoin for presumed simple partial seizures (“transient tumor attacks”), which ameliorated his neurologic complaints. He also received palliative systemic chemotherapy, but died 2 months later.

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Transient tumor attacks

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