<p>This Year's Event</p>

<p>Discussion: presented in the protocol is factual, I believe our patient died from rabies and that his initial exposure was</p>

<p>of human rabies have been documented since 1945, both of which were associated with bat exposures</p>

<p>and the concomitant difficulty in swallowing may lead to the "foaming at the mouth" so often mentioned.</p>

<p>and laryngeal spasms that may be provoked by attempts at drinking (hydrophobia), the sound of water</p>

<p>paresthesias or dysesthesias at the site of the inoculation. The severity and frequency of the prodrome</p>

<p>fact that rabies may have a long incubation period (up to or more than one year), depending on the size</p>

<p>autonomic variability with periods of tachycardia and bradycardia, profuse sweating, lacrimation, and</p>

<p>in episodic fashion. Between episodes, patients may be calm and lucid. They may exhibit marked</p>

<p>encephalitis (EEE). Like its relatives (western equine encephalitis, St. Louis encephalitis, and</p>

<p>missed. In addition, there is an incubation period of only one to two weeks, which is incompatible with the</p>

<p>eastern seaboard, to acquire yellow fever without more exotic travel. In the mid to late 1800s, however,</p>

<p>to 60 range with a full pulse). However, yellow fever is also associated with icterus, severe</p>

<p>often called, is also associated with hepatomegaly, splenomegaly, jaundice, and prominent respiratory</p>

<p>syndrome lasting 5 to 8 days and characterized by nausea, lacrimation, profuse sweating, "goose flesh,"</p>

<p>he did not smell of alcohol at the time of admission. In addition, it is unusual for patients suffering from</p>

<p>intensity at 24 to 48 hours, and improve by the fourth or fifth day. If withdrawal is appropriately treated, it</p>

<p>Toxic causes of delirium are worth mentioning, given our patient's proclivity for alcohol and drugs.</p>

<p>It is characterized by progressive dementia, diarrhea, dermatitis, and ultimately death. Given the</p>

<p>generally progressive rather than relapsing. Thus, Wernicke syndrome is an unlikely cause of our</p>

<p>however, is generally associated with ocular motor signs (usually bilateral sixth nerve palsy) and is</p>

<p>Superior hemorrhagic polioencephalitis (Wernicke syndrome) and alcohol amnestic disorder (Korsakoff</p>

<p>delirium, but not usually in a relapsing course without some intervention. For this reason, as well as the</p>

<p>episodes of acute intermittent porphyria at age 40. There is also no mention of a rash or other skin</p>

<p>Patients also may complain of abdominal pain. It is unlikely, however, that our patient had his first</p>

<p>clinico-pathologic conference is complete without the mention of porphyria, I list it under the metabolic</p>

<p>I believe it is unlikely that one of these is responsible for the degree of impairment noted in our patient.</p>

<p>The first presenting symptoms are often neuropsychiatric, with changes in level of consciousness, memory</p>

<p>processes of thought, emotion, or cognition. In the absence of lateralizing signs on physical examination,</p>

<p>involving the central nervous system (CNS) and vascular malformations may cause changes in</p>

<p>degree of impairment without further lateralizing signs on physical examination. Neoplastic diseases</p>

<p>concentrate on these etiologies for the purpose of this discussion.</p>

<p>Delirium. Whenever I am faced with a challenging case, I initially try to distill it to its basic features, which</p>

<p>respiration and diffuse weakness. He drank water only with great difficulty. By late evening, he was again</p>

<p>Because of his improving status, he was transferred to the ward room. Here, his physicians attempted to</p>

<p>Results of a physical examination showed a well-developed white male who was calm and appropriate.</p>

<p>History. EP worked as a writer. He had no known allergies, coronary artery disease, diabetes, or other</p>

<p>found unconscious under the steps of the Baltimore Museum on Baltimore Street in the late afternoon.</p>

<p>E.P. is a 40-year-old man who was brought to the emergency room in early October for evaluation of</p>

<p>alcohol contributed to his death may never be known, but we congratulate Dr. Benitez on a new</p>

<p>Dr. Benitez is a cardiologist and assistant professor of medicine at the</p>