๑๓. LETTER TO THE EDITOR

4th December 1969

The Editor,
Siriraj Hospital Gazette,
Bangkok 7

Dear Sir,

I beg to submit the following supplementary remarks to my discussions which appeared (in re-edited form) in the C.P.C. record of case 5/1969 in the November 1969 issue of this journal.

1. Regarding septic emboli from puerperal infection, it is impossible for the septic emboli from the pelvic organ to reach the brain because the patient had no left-to-right shunt. The emboli, if any, must have originated from the left ventricle or left atrium or tributaries of the aorta.

2. Concerning infective process in the kidney, although initially proteinuria and white blood cell were not detected, infection could have existed but was confined to the renal tissue. However, white blood cells subsequently appeared in the urine indicating extension of the inflammatory process to the renal pelvis. If the inflammation were infectious in origin this should be apparent from the urine culture. Negative results of the latter suggested that the renal inflammation might not be bacterial, but rather antigen-antibody reaction or autoimmune process. Infection with Streptococcus viridans could produce acute nephritic syndrome in the 5th-6th week. Such a patient develop edema and signs of expansion of E.C.F. volume, and renal insufficiency. Red blood cells, red blood cell casts and white blood cells may be detected in the urine without pathogenic organism.

3. I had concluded that the organism from puerperal infection had lodged in the endocardium producing septic emboli to the brain and cause acute nephritic syndrome, and at the end of the pathological description had asked the pathologist whether the microscopic findings were consistent with the syndrome. The answer was in the affirmative.

Thank you.

Yours faithfully,

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