An 11-week-old girl presented with acute onset of eye deviation and tonic posturing. The infant was born at term after an unremarkable pregnancy to a married 35-year-old woman (gravida 3, parity 2) who had test results that were negative for hepatitis B virus, HIV, and syphilis in the first trimester. A rash was noted on the scalp of the infant at 10 days of age and was described as small clustered blisters that later desquamated; within a few weeks, the rash was followed by bullous lesions with clear fluid on the infant’s lower extremities and by edema of her feet. The lesions were treated sequentially with topical fusidic acid, cephalexin, hydrocortisone cream, topical lamisil, terbinafine, and griseofulvin. Examination of a biopsy sample obtained from the scalp showed a dense collection of inflammatory cells (primarily neutrophils) in the epidermis, with apoptotic and dysplastic cells in the basal layer. The infant was receiving infant formula, rice-based gruel imported from Asia, and an herbal infusion made with water. In the emergency department, the infant had multiple, brief hypertonic seizures.

Her temperature was 35.9°C, her pulse was 150 beats/min, her respiratory rate was 44 breaths/min, her blood pressure 135/65 mm Hg, and her oxygen saturation was 99% on room air. Her weight was 5.5 kg (50th percentile), her height was 58 cm (50th percentile), and her head circumference was 36.5 cm (below the 3rd percentile). Marked hepatosplenomegaly was noted, with the liver palpable at 6 cm and the spleen 5 cm below the costal margins. The remainder of the physical examination findings were unremarkable. Laboratory investigations revealed a hemoglobin
level of 80 g/L, a platelet count of $80 \times 10^9$ platelets/L, and a
WBC count of $32.0 \times 10^9$ cells/L with 32% neutrophils, 31%
bands, 33% lymphocytes, and 4% monocytes. The international
normalized ratio was 1.5 (normal range, 0.8–1.2), the partial
thromboplastin time was 54 s (normal range, 29–40 s), and
the fibrinogen level was 2.0 g/L (normal range, 2.2–4.2 g/L).
The patient’s serum sodium level was 110 mmol/L, her potas-
sium level was 4.9 mmol/L, her chloride level was 79 mmol/L,
her bicarbonate level was 17 mmol/L, and her glucose level was
2.0 mmol/L. Urea, creatinine, and alanine aminotransferase
levels were normal, and the patient’s aspartate aminotransferase
level was 75 U/L (normal value, <60 U/L). The patient’s random
serum cortisol level was 716 nmol/L (normal range, 85–620
nmol/L). The patient initiated treatment with phenobarbital,
acyclovir, vancomycin, and cefotaxime. CT of the brain had
normal findings. The patient experienced no further seizures,
and hypoglycemia and hyponatremia resolved with supportive
therapy.

What is your diagnosis?