61st ANNUAL DIAGNOSTIC SLIDE SESSION 2020.

CASE 2020-2

Submitted by:

Xinhai Robert Zhang[a], Lubov Romantseva[a], Harry V. Vinters[b]

a. Rush University Medical Center, 1653 West Congress Parkway, Chicago, IL 60612
b. UCLA Health, 10833 LeConte Avenue, Los Angeles, CA 90095

Clinical History:

13-year-old girl presented with intractable localization-related epilepsy requiring multiple-AED agents since the age of five. She was born full term with normal early development and milestones. She subsequently developed right hemiparesis and developmental delays after seizures had started. Significant work-up for underlying cause of refractory status epilepticus including consults with allergy and immunology, rheumatology, neurology and infectious disease with unrevealing results. EEG showed multifocal seizures, most common from left fronto-temporal region and central mesial region. Her treatment also included IVIG, high dose steroids, and plasmapharesis. Eventually she underwent left frontal lobectomy and anterior corpus callosotomy. Post-operatively she developed cerebral venous thrombosis and central diabetes insipidus. At the same time she was found to have Prothrombin G20210A heterozygote mutation which very likely predisposed her to this thrombosis. Now she is in outpatient rehab, working on ambulation. Mostly seizure free, on 5 anti-seizure medications.

Material submitted: 1 H&E slide and pre-operative images of MRI head without contrast

Points for discussion:

1. Clinical and radiographic presentations
2. Histologic features