

Case 3

Submitted by: Jesús Enrique González, M.D. and Chislaine
Céspedes, M.D.
Neuropathology Section, Instituto Anatomopato
lógico.
Ciudad Universitaria, Caracas, Venezuela.

Reference No: A 6389

Clinical Abstract:

The case is that of a 40 year old male, native and resident of the central-northern part of Venezuela. Fourteen days before admission to the Hospital he started to have pain, first in the right calf and 4 days later in the left calf and lumbar and abdominal regions. At this time he noticed numbness from the pelvic girdle down to the feet and muscular weakness in the lower extremities, which incapacitated him to walk. He also had urinary retention followed a few days later by incontinence.

On admission to the Hospital his systolic blood pressure was 120 and the diastolic 80 mmHg. Pulse rate 100 per minute, temperature 37°C (98.6°F), respirations 22 per minute.

Neurologic examination revealed complete sensory loss with upper level at T 12 and flaccid paralysis of the lower limbs with bilateral absence of knee-jerk. The left ankle jerk was diminished, plantar reflexes were absent and abdominal reflexes diminished. Mental status, speech, coordination and cranial nerve functions were normal.

Results of routine laboratory tests were within normal limits. Lumbar puncture yielded a fluid at an opening pressure of 180 with: proteins 90mg/100, glucose 55 mg/100, chlorides 146 mEq/ liter, cells: 3 lymphocytes per ml.

A diagnosis of transverse myelitis was made and supportive care indicated. Six days later the patient complained of intense abdominal pain. He was cyanotic. In spite of oxygen administration and intracardiac injection of adrenaline he expired within 50 minutes.

Necropsy findings included: recent myocardial infarction of septum and inferior wall of the left ventricle, moderate atherosclerosis of the aorta and coronary arteries, recent thrombosis of pulmonary arteries, recent pulmonary infarcts, pulmonary edema and hyperemia, granulomata in rectum, liver and pulmonary arterioles. Granulomatous lesions were also present in the lower thoracic and lumbar segments of the spinal cord.

Material submitted: 1 2x2 kodachrome of H&E stained histologic preparation from the affected segments of the spinal cord.
1 H&E section from lumbar segment of spinal cord.

Points for discussion: 1 Diagnosis
2 Pathogenesis and pattern of distribution of the lesions.

{over}