Am Assoc Path

29TH ANNUAL DIAGNOSTIC SLIDE SESSION

1988

CASE 1

The diagnosis was cerebellar degeneration secondary to hyperpyrexia. The loss of granular cells, in addition to the Purkinje cells, was attributed to the long survival of this patient.

Spring GK, Brown IR. Selective induction of a heat stroke gene in fiber tracts and cerebellar neurons of the rabbit brain detected by in situ hybridization. Mol Brain Res 1987;3:89-93.

Lefkowitz D, Ford CS, Rich C, Biller J, McHenry LC. Cerebellar syndrome following neuroleptic-induced heat stroke. J Neurol Neurosurg Psychia 1983;46:183-185.

CASE 2

Special stains showed spirochotes and the diagnoses was neurosyphilis which the presenters characterized as quarternary rather than tertiary. The concomitant presence of HIV was also demonstrated by electron microscopy and immunohistochemical staining. This may represent a case of the alteration of the natural history of neurosyphilis by AIDS.

Alderson K, Rogawski MA, Peper M. Alteration in the natural history of neurosyphilis by concurrent infection with HIV. N Engl J Med 1987;316:1569-72.

Straussler E. Die Syphilis der Zentralneruensystems und die progressive Paralyse (quartare syphilis). In: Lubarsch O, Henke F, Rossler R, eds. Handbuch der speziellen pathologischen Anatomie und Histologie. Dreizehner Band, Zweiter Teil, Bandteil A. Erkrankungen des Zentralen Neurensystems II. Berlin: Springer-Verlag 1958:847-994.

Stokes JH, Beerman, H. The fundamental bacteriology, pathology, and immunology of syphilis. In: Stokes JH, ed. Modern Clinical Syphilology. Philadelphia: WB Saunders, 1934: 17-75.

CASE 3

The diagnosis was HIV encephalitis producing multifocal white matter lesions. The question of possible direct infection of oligodendroglia by this virus was discussed.

CASE 4

The diagnosis was adult onset localized Alexander's disease.

Riggs JE, Schochet SS, Nelson J. Asymptomatic adult Alexander's disease: Entity or nosological misconception? Neurology 1988:38:152-54.

Borrett D, Becker LE. Alexander's disease. A disease of astrocytes. Brain 1985;108:367-385.

Goebel HH, Bode G. Bulbar palsy with Rosenthal fiber formation in the medulla of a 15 year old girl. Localized form of Alexander's disease? Neuropediatrics 1981;12:382-391.

CASE 5

No organisms could be demonstrated. The diagnosis was sarcoidoses.

Stern BJ, Krumbolz A, Johns C, Scott P, Nissim J. Sarcoidosis and its neurological manifestations. Arch Neurol 1985;42:909-917.

Deaney P. Neurologic manifestations in sarcoidosis: Review of the literature, with a report of 23 cases. Ann Intern Med 1977;87:336-345.

CASE 6

No organisms could be demonstrated and the patient had an elevated rheumatoid factor. The diagnosis was systemic rheumatoid disease.

Sigal LH. The neurologic presentation of vasculitic and rheumatologic syndromes, a review. Medicine 1987;66:157-180.

Kim RC, Collins GH. The neuropathology of rheumatoid disease. Human Path 1981;12:5-15.

CASE 7

No previous case identical to this has been reported and no etiology could be established. Onion-bulb formation was demonstrated to be secondary to an intricate interaction among Schwann cells, macrophages, and lymphocytes. The presenter's diagnosis was localized hypertropic lymphofolticular mononeuritis.

Simpson DA, Fowler M. Two cases of localized hypertropic neurofibrosis. J Neurol Neurosurg Psych 1966;29:80-84.

DaGama Imaginario J, Coelho B, Tome F, Sales Luis ML. Nervite interstitielle hypertrophique monosympotomatique. J Neurol Sci 1964;340-347.

CASE 8

The diagnosis was colchicine neuromyopathy.

Kunel RW, Duncan G, Watson D, Alderson K, Rogawski MA, Peper M. Colchicine myopathy and neuropathy. N Eng J Med 1987;316:1562-68.

CASE 9

The patient had been treated with chloroquine for more than a year. The diagnosis was chloroquine myopathy.

Neville HE, Maunder-Sewry CA, McDougall J, Sewell JR, Dubowitz V. Chloroquine induced cytosomes with curvilinear profiles in muscle. Muscle Nerve 1979;2:376-381.

Itabashi HH, Kokmer E. Chloroquine neuromyopathy. A reversible granulovacuolar myopathy. Arch Path 1972;93:209-218.

CASE 10

The organisms were identified by culture as Torulopsis glabada.

Liudahl KJ, Limbird TJ. Torulopsis glabata vertebral osteomyelitis. Spine 1987;12:593-595.

Wurzel B, Goldberg P, Caroline L, Bozza AT, Kozinn PJ. Torulopsis glabata meningioencephalitis treated with 5-flucytosine (letter to the editor). Ann Int Med 1972;77:814, 815.

CASE 11

The spindle cells stained positively for S-100, GFAP, and vimentin. The diagnoses was meningio-angiomatosis.

Halper J, Scheithauer BW, Okazaki H, Laws ER. Meningio-angiomatosis: A report of six cases with special reference to the occurence of neurofibrillary tangles. J Neuropath Exp Neurol 1986;45:426-446.

Rhodes RH, Davis RL. An unusual fibro-osseous component in intracranial lesions. Hum Path 1978;9:309-319.