

**47th ANNUAL DIAGNOSTIC SLIDE SESSION, 2006  
REFERENCES AND DIAGNOSES**

**MODERATOR: E. Tessa Hedley-Whyte, M.D.**

**EDITOR: Leroy R. Sharer, M.D.**

**Case 2006-10**

**Submitted by:** Syed Ali Jaffar Kazmi, M.D., and Cheryl Ann Palmer, M.D.,  
Neuropathology, University of Alabama at Birmingham (UAB), Birmingham, AL

**Diagnosis: Neurosarcoidosis**

**Comment:** The patient was treated with corticosteroids, with initial improvement. The cause of death was a pulmonary embolus.

**From the Presenter:** Microscopic examination revealed extensive chronic granulomatous inflammation of the leptomeninges with dissection into the Virchow-Robin spaces. Similar granulomatous inflammation was identified in neocortex, brainstem, cerebellum, spinal cord, spinal nerve roots, cranial nerves, and pituitary gland. Beside the CNS, granulomatous inflammation was also identified within all lymph nodes sampled (mediastinal and para-aortic), as well as in the spleen. Special stains for fungi (GMS) and mycobacteria (AFB) were negative (as was PCR for *Mycobacterium tuberculosis*, as mentioned at the Session: note of the Editor).

**References:**

Hoitsma E, Faber CG, Drent, M et al: Neurosarcoidosis: a clinical dilemma. Lancet Neurology 2004; 3:397–407.

Gullapalli D and Phillips LH: Neurologic manifestations of sarcoidosis. Neurologic Clinics 2002; 20:59–83.

Vinas FC and Rengachary S: Diagnosis and management of neurosarcoidosis. J Clin Neurosci 2001; 8:505–513.