52ND ANNUAL DIAGNOSTIC SLIDE SESSION

CASE 2011-3

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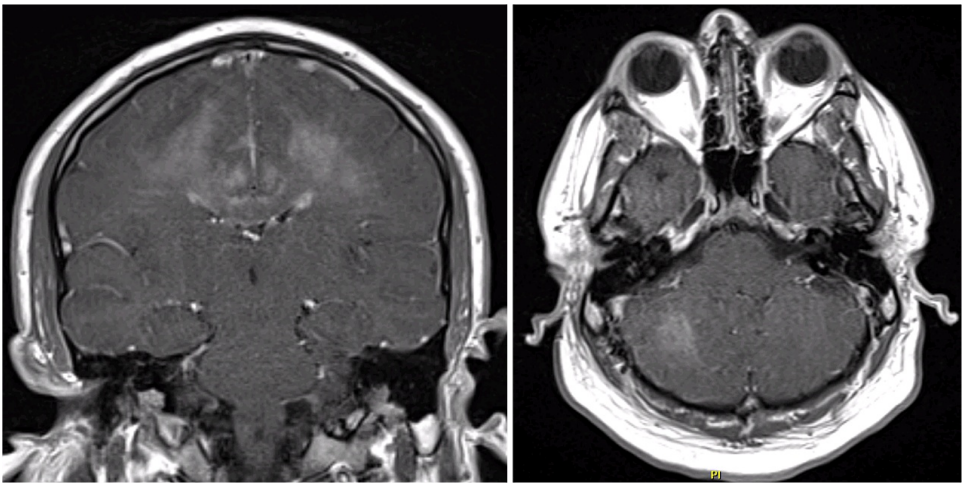
Clinical History: A 37-year-old right-handed man with a past medical history of hypertension, depression, anxiety disorder, polysubstance abuse (mainly cannabis) and 1-year of mild short-term memory complaints, presented with progressive gait ataxia of 2-weeks duration. In the past month, he had noted a right neck mass the size of a golf ball and general malaise. On MRI, axial and coronal post-gad T1 weighted images demonstrated extensive hemispheric and focal cerebellar abnormalities with a perivascular pattern of enhancement.



CT of the chest and abdomen demonstrated adenopathy in the right lower neck, mediastinum, and a 5-mm left pulmonary nodule. In the following 2 weeks, he became nonambulatory due to imbalance, and his memory and thinking were significantly impaired. Motor examination revealed: left upper extremity mild corticospinal weakness and apraxia; left upper & lower extremity slightly brisk deep tendon reflexes, with an equivocal left Babinski; tendency to fall to the left; and mild right upper extremity ataxia. No pain on percussion of the spine, rigidity, fever, chills or rash was noted. A spine MRI, performed due to the onset of urinary retention, showed conus medullaris and cauda equina enhancement. On CSF examination: protein 78 mg/dl; glucose 52 mg/dl; nucleated cell count 42 (87% lymphocytes, 13% monocytes); negative cytology and JC virus PCR. A right frontal stereotactic biopsy was obtained.

Material submitted: H&E section.

Points for discussion: 1. Diagnosis 2. Pathogenesis