

An aerial photograph of a city, likely San Francisco, showing a dense urban area with various buildings and a large, green, forested hillside. In the background, a tall, lattice-structured tower (the Transamerica Pyramid) stands prominently against a clear blue sky. The foreground shows a mix of residential and commercial buildings.

UCSF Health

# American Association of Neuropathologists Diagnostic Slide Session Case 3

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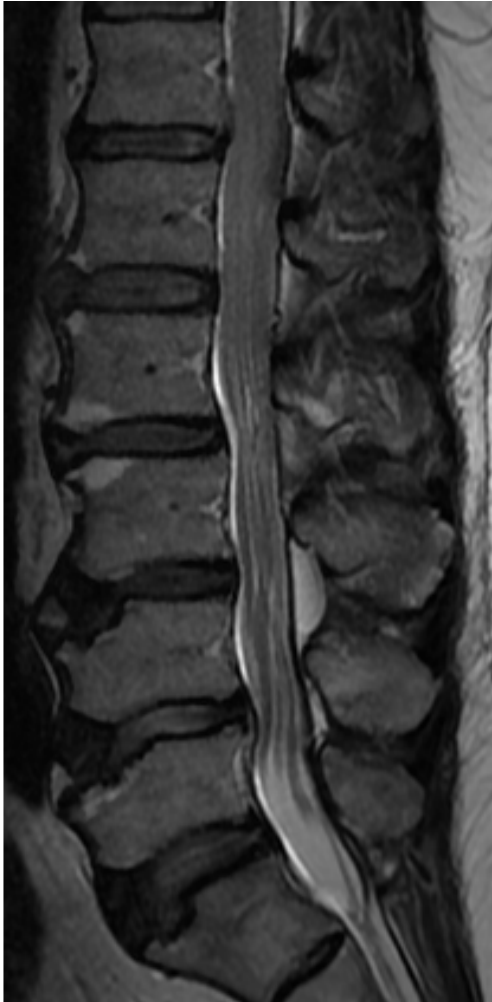
I have no disclosures.

I have no disclosures or relevant financial interest.

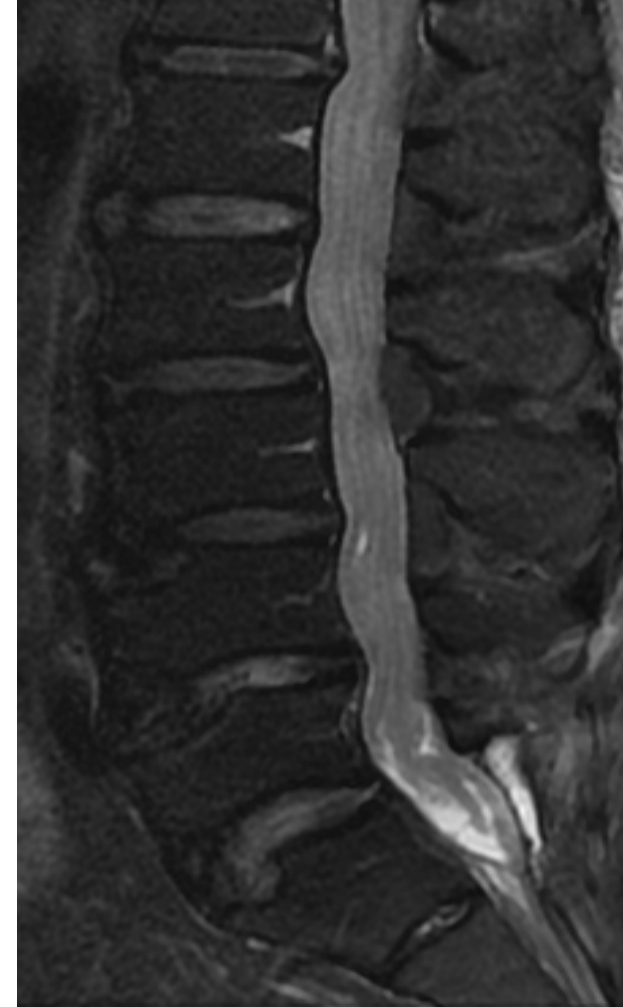
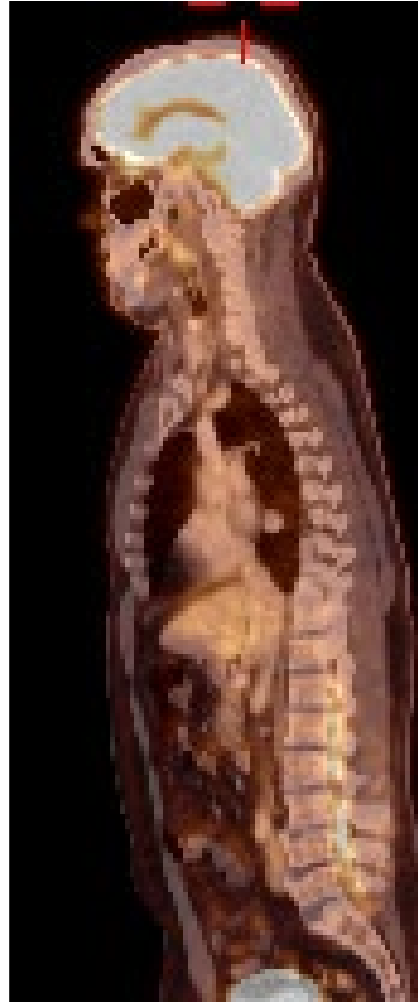
# Clinical History

- 61-year-old man with history of non-arteritic ischemic optic neuropathy (NAION) resulting in legal blindness, who presented with 6 month history of radiating lower back pain and leg weakness
- Significant lower extremity, distal-predominant weakness on exam
- Abnormal CSF studies
  - Elevated protein and persistent lymphocytic pleocytosis
  - Positive West Nile Virus IgG/IgM
- EMG/NCS showed evidence for bilateral radiculopathies

# Serial Imaging Studies

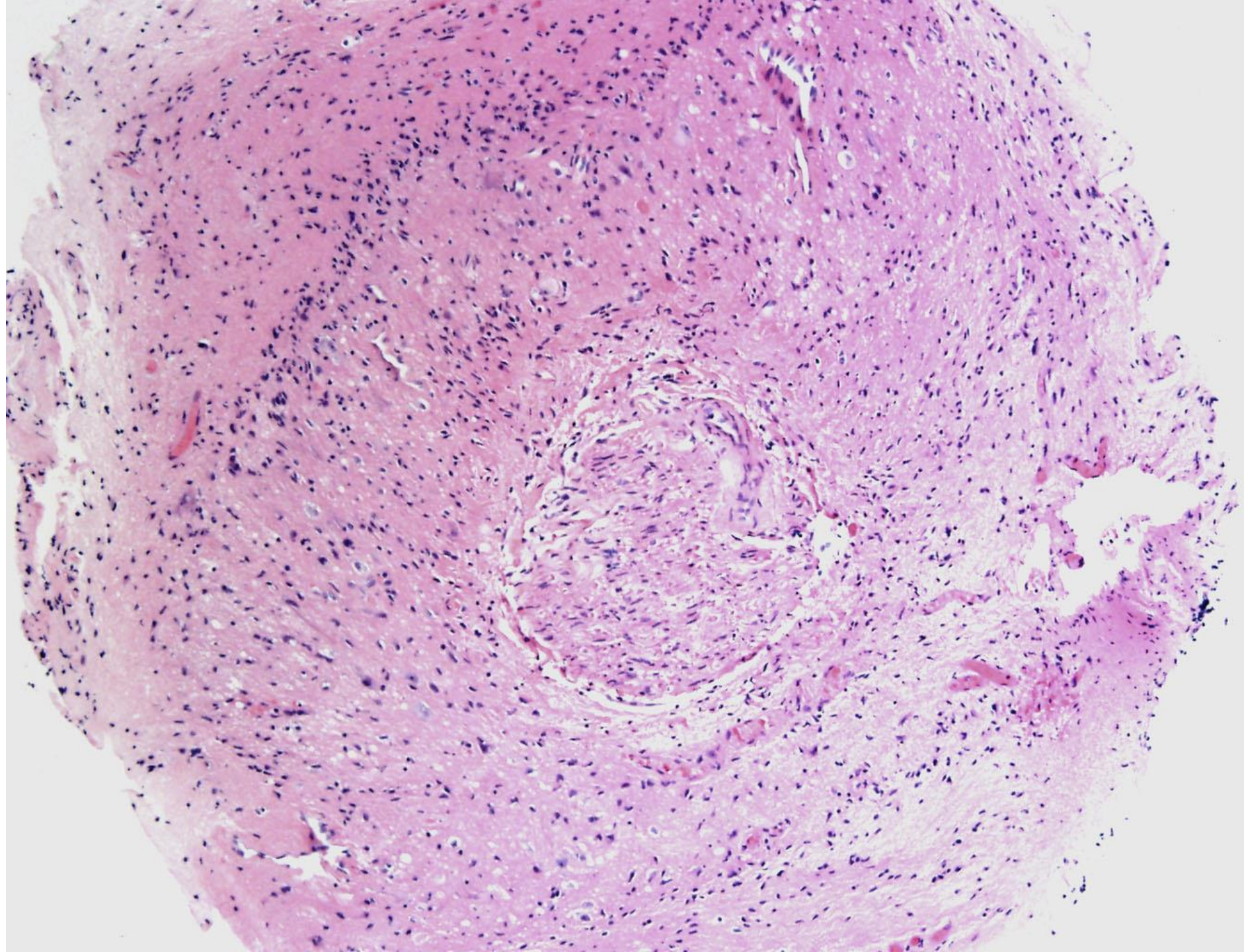


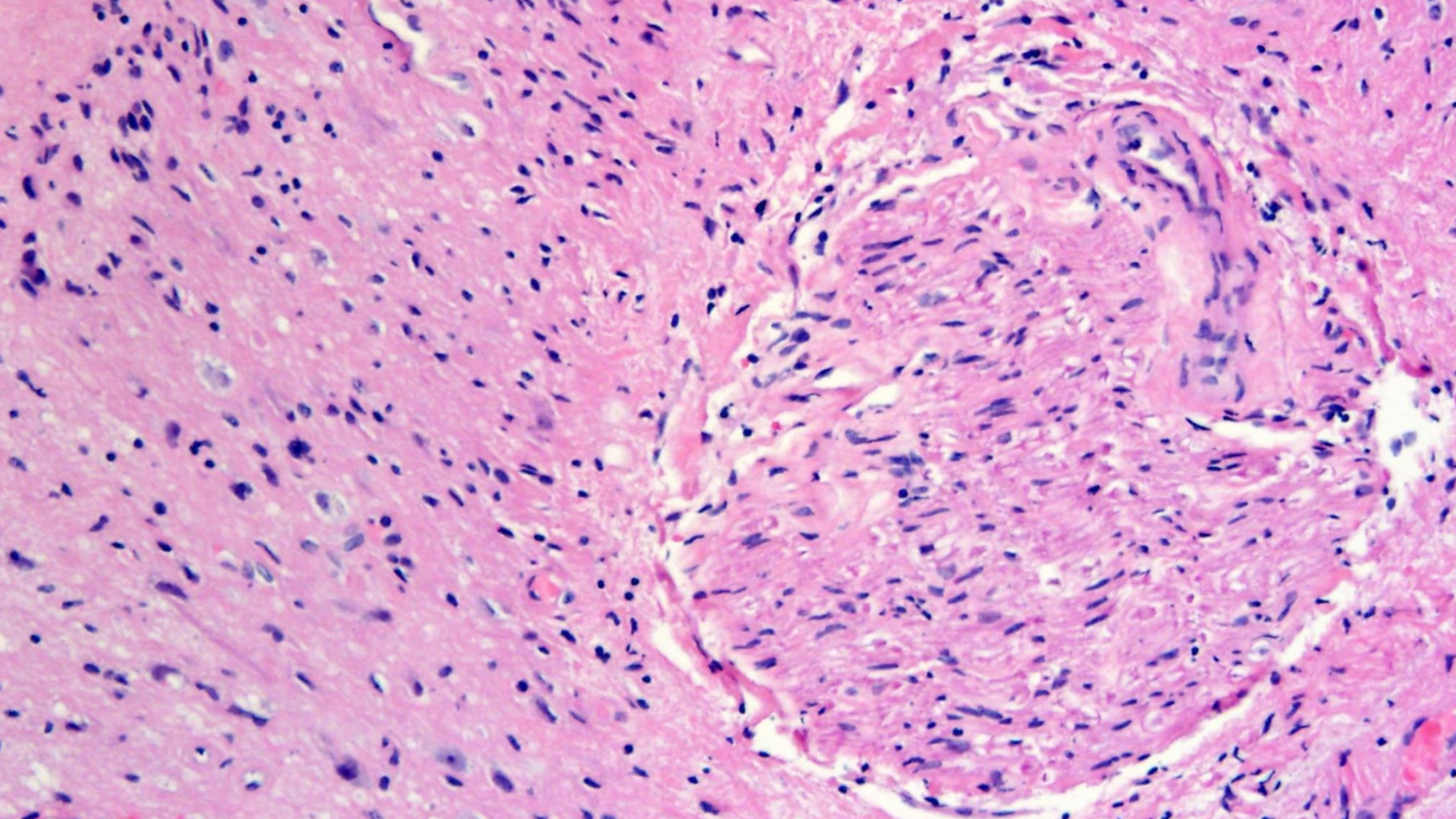
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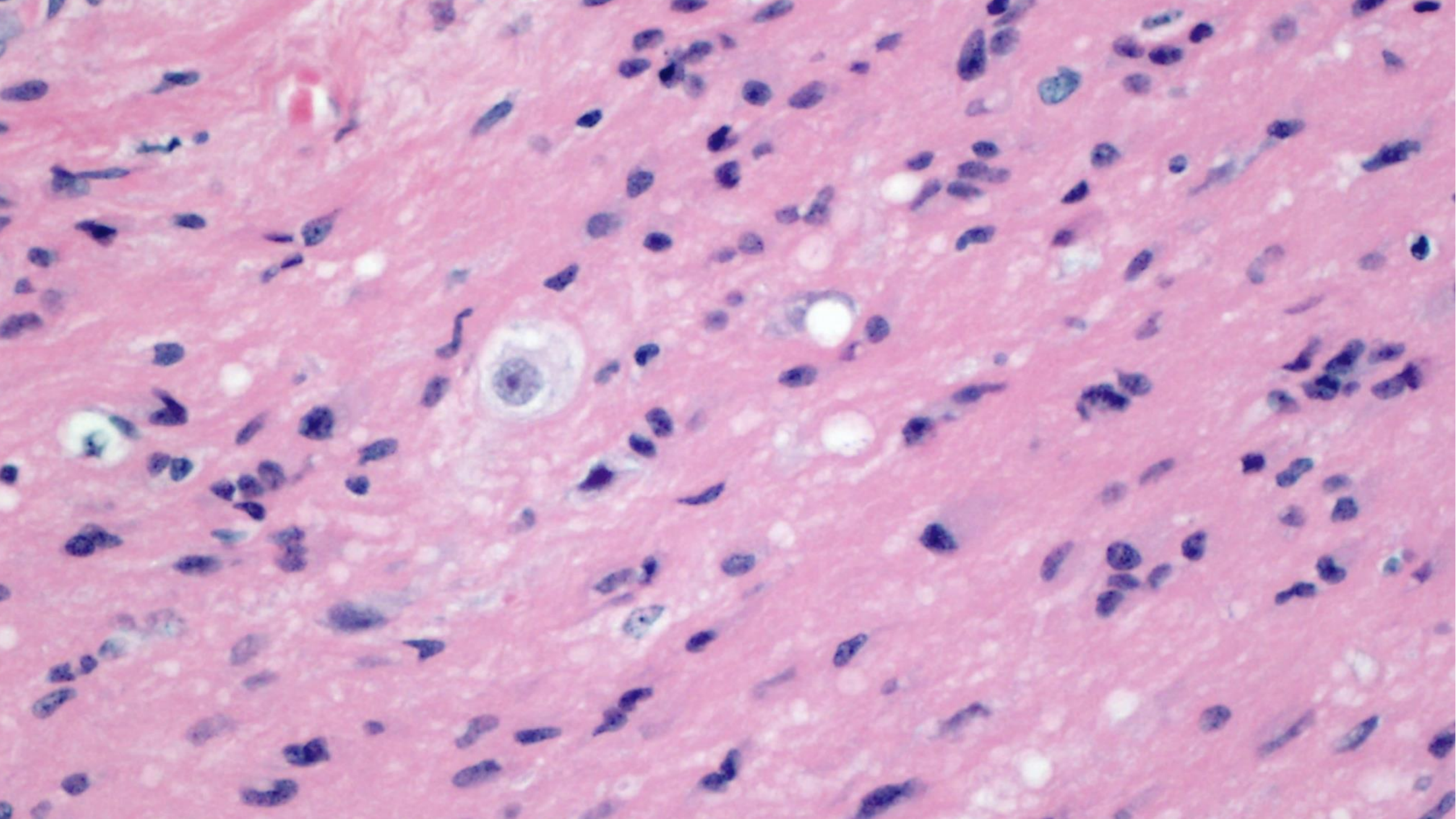


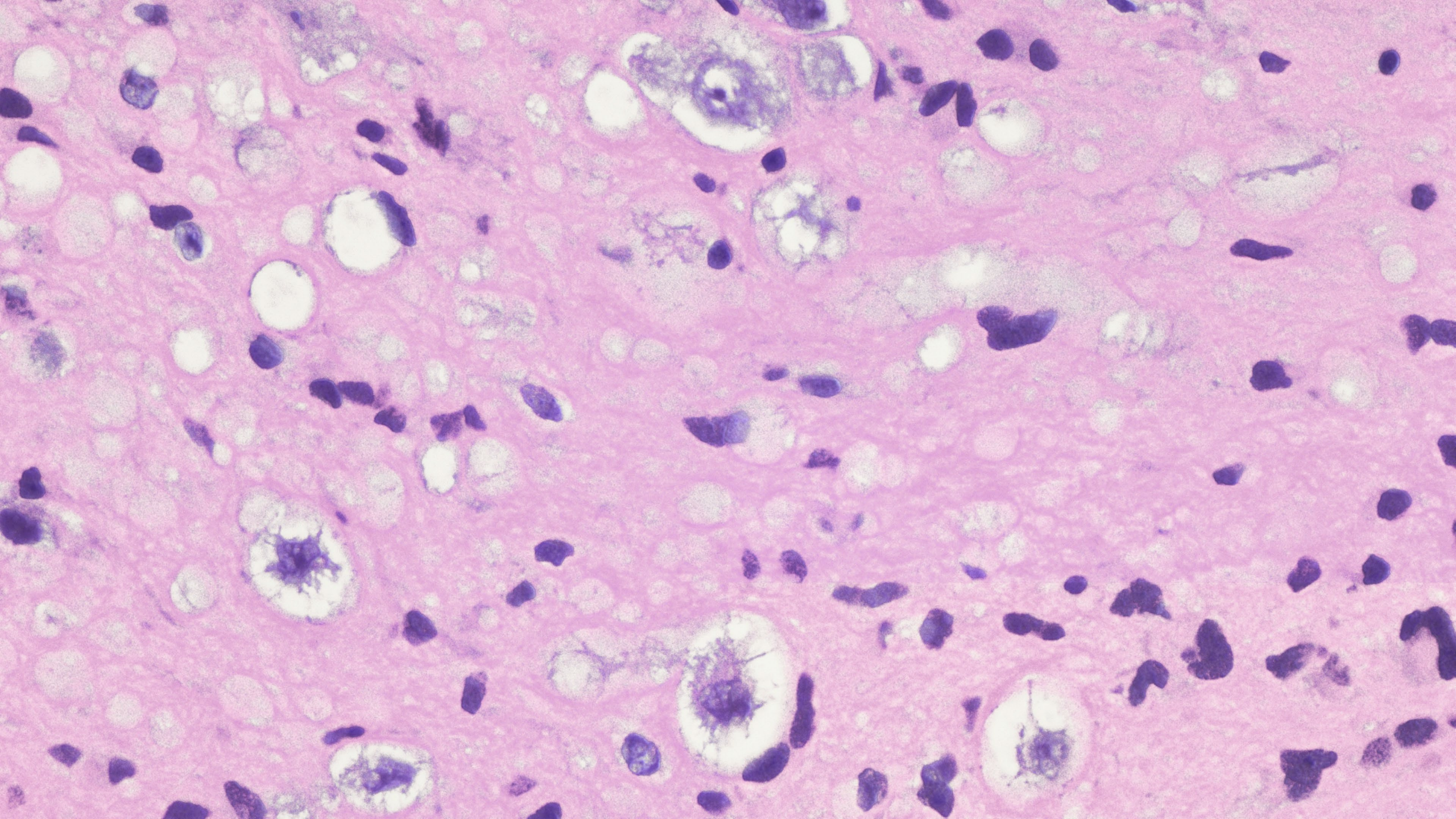
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A biopsy of the L5/S1 spinal nerve root was performed.







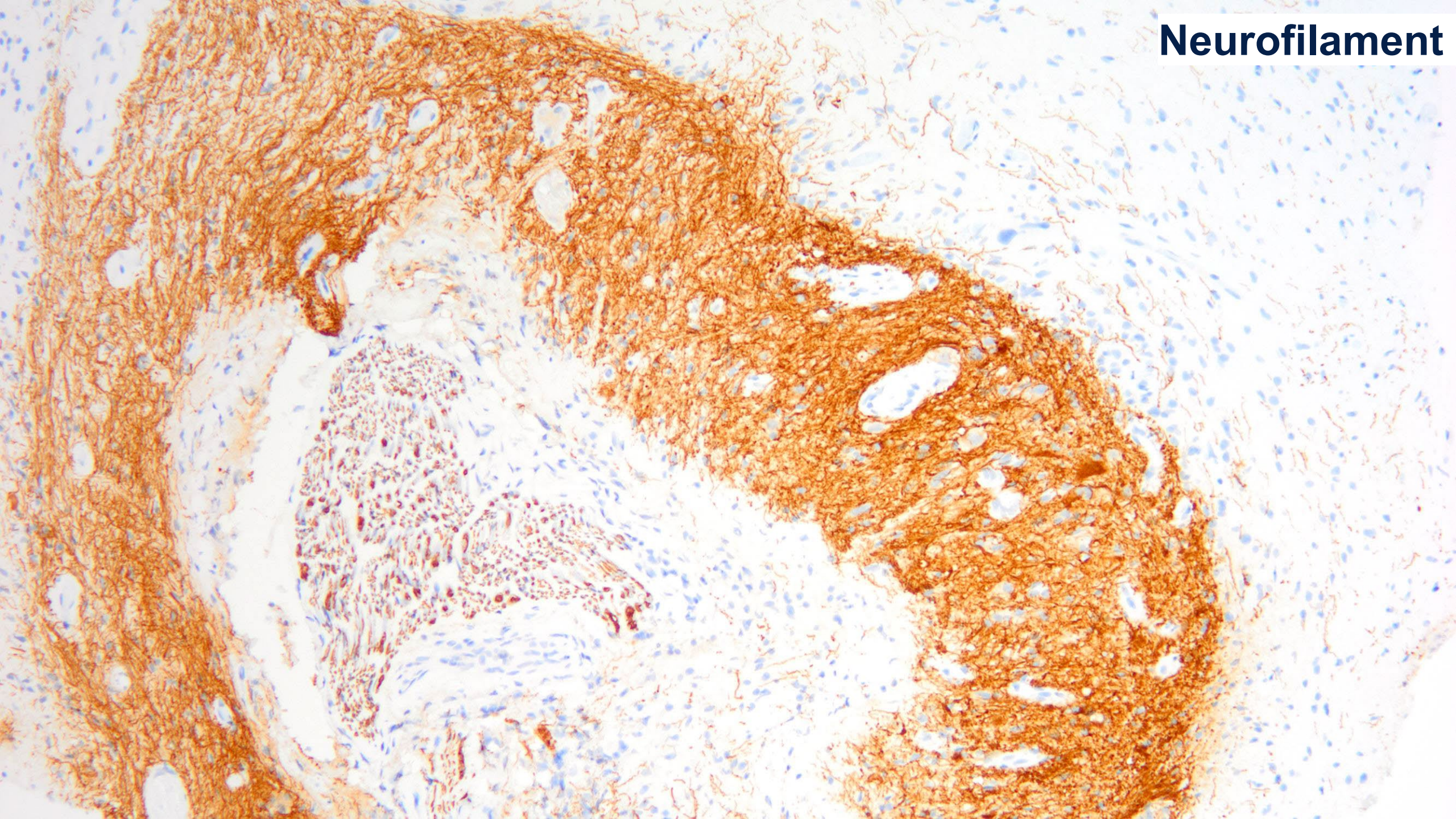




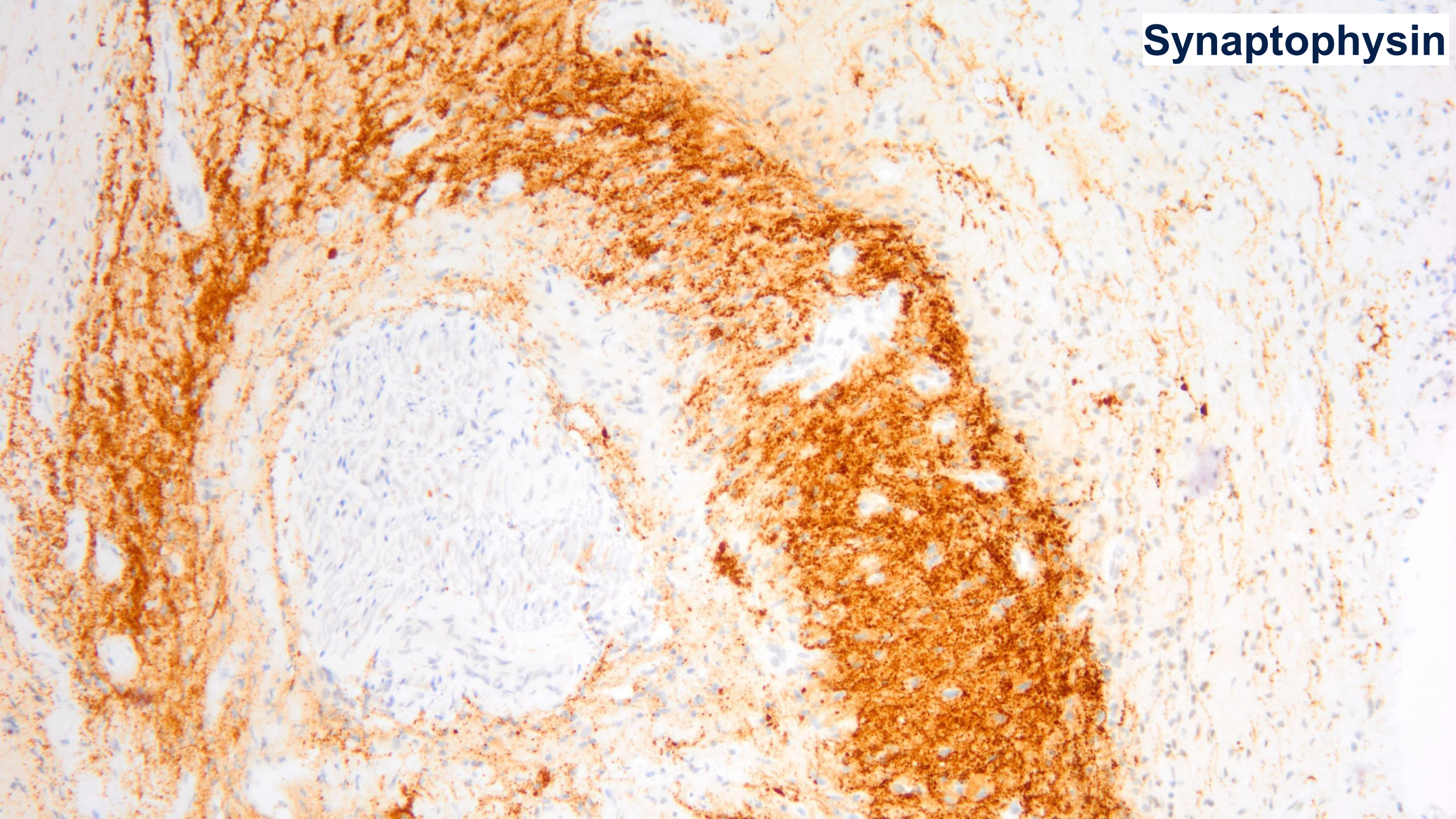
# Discussion

- Differential diagnosis?
- Additional studies?

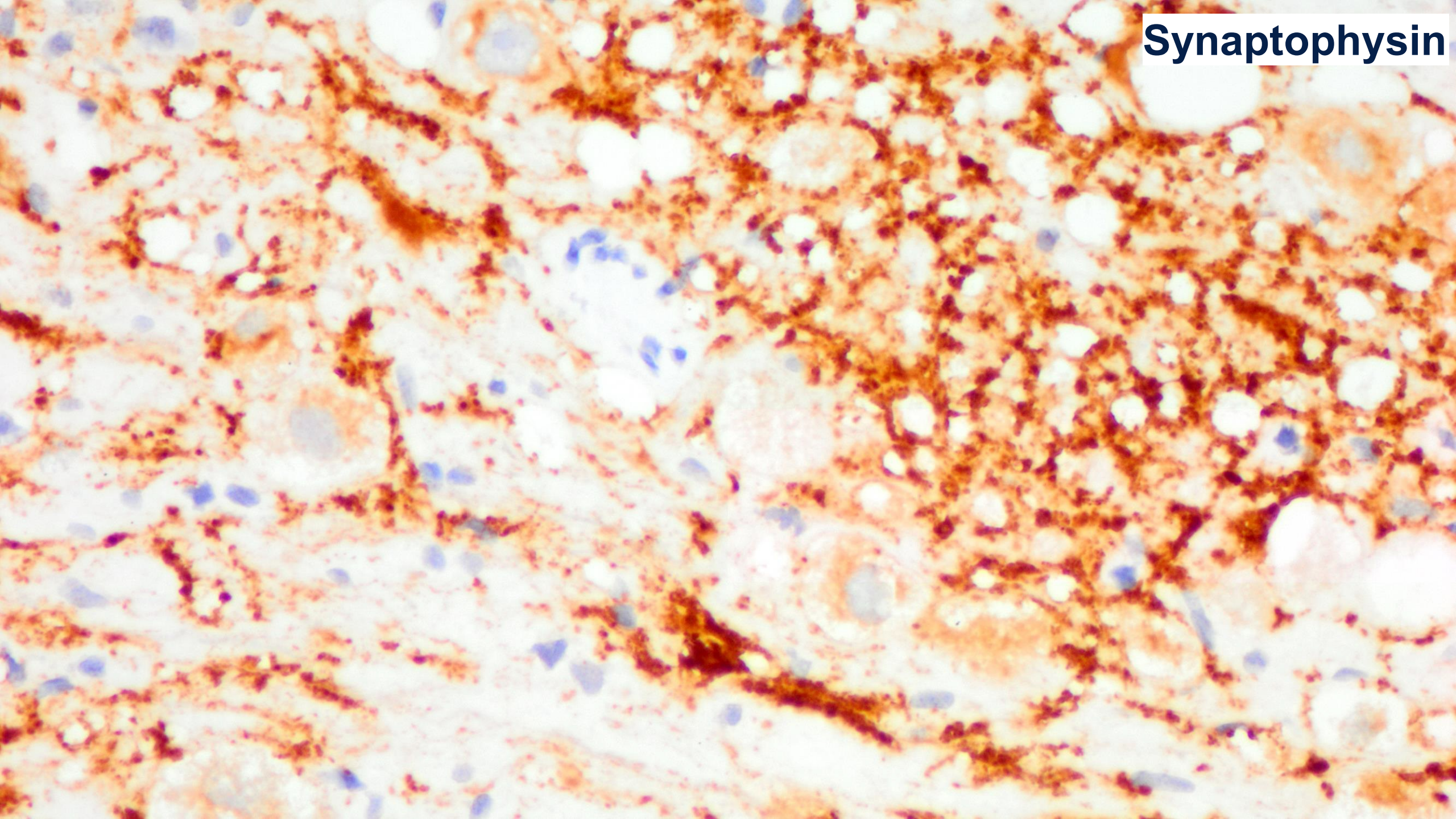
**Neurofilament**



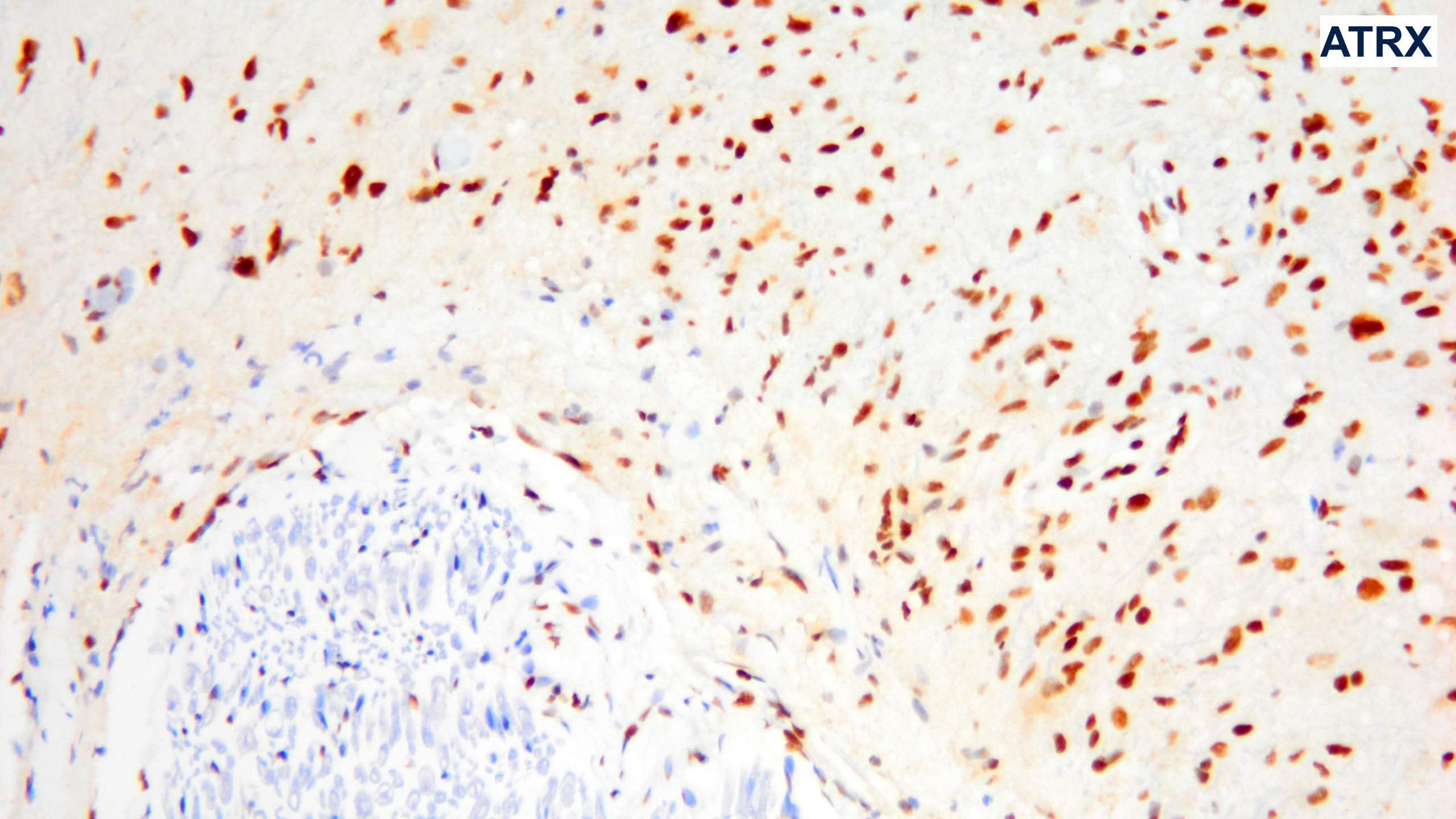
**Synaptophysin**



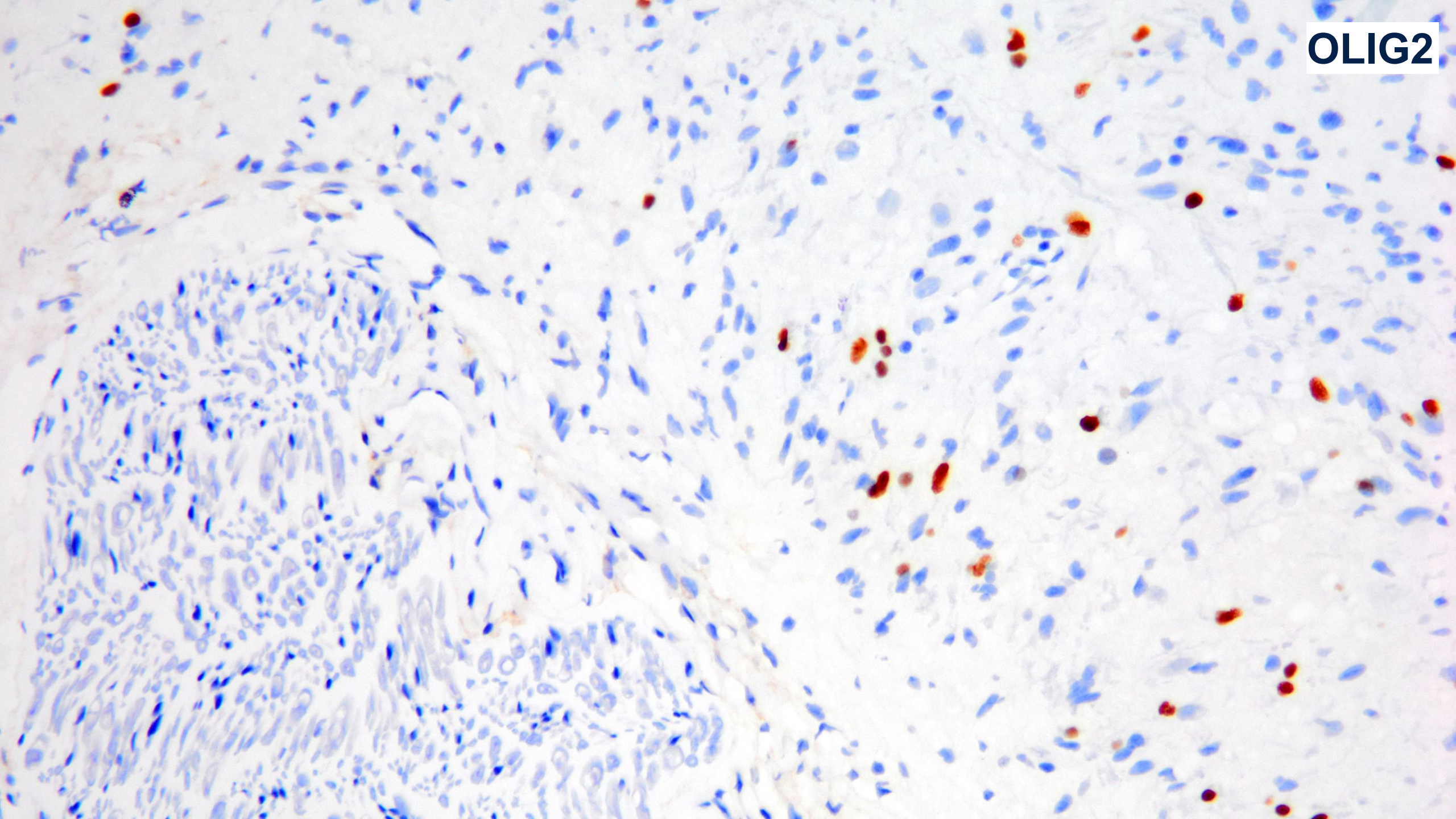
**Synaptophysin**



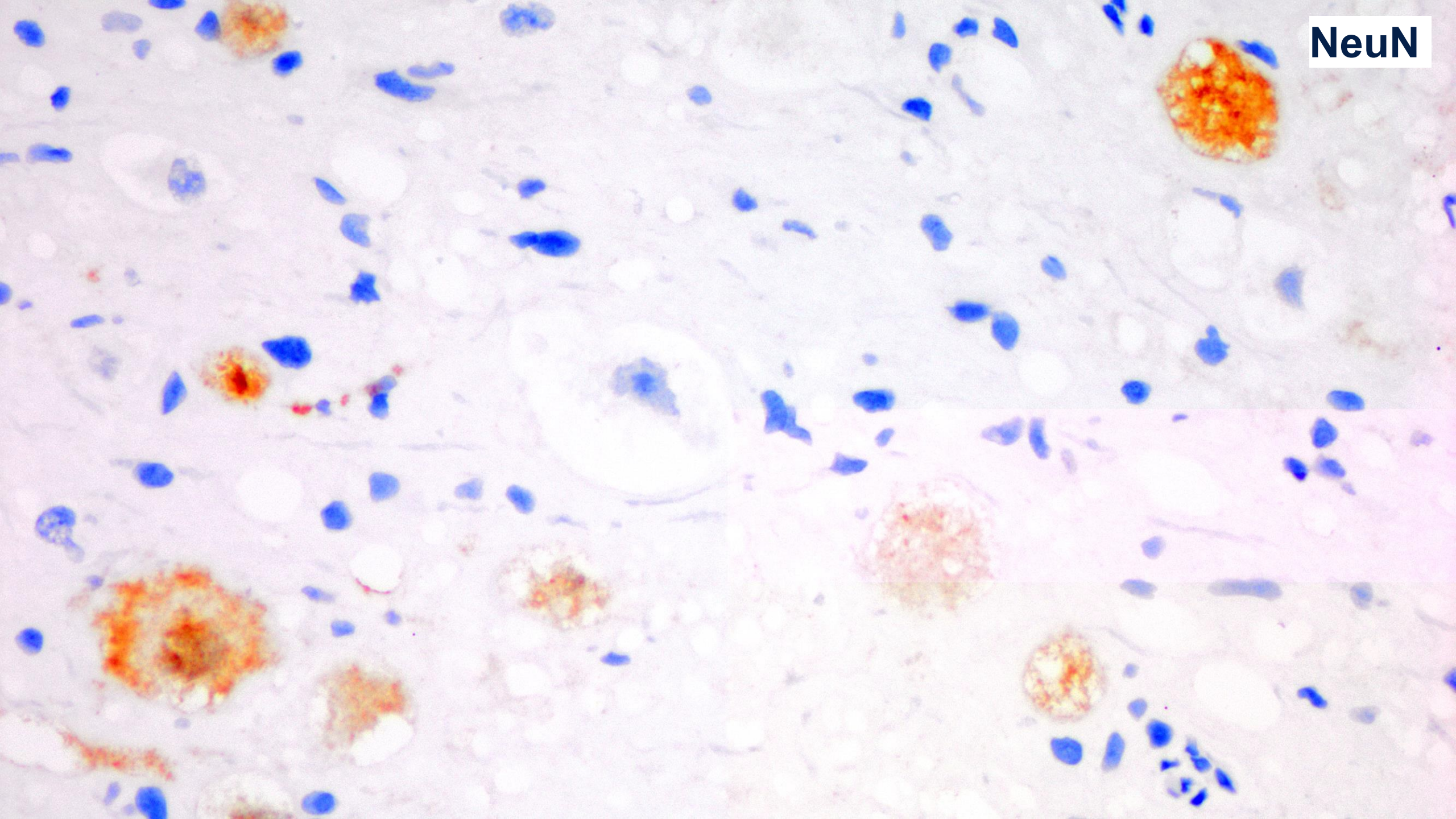
**ATRX**



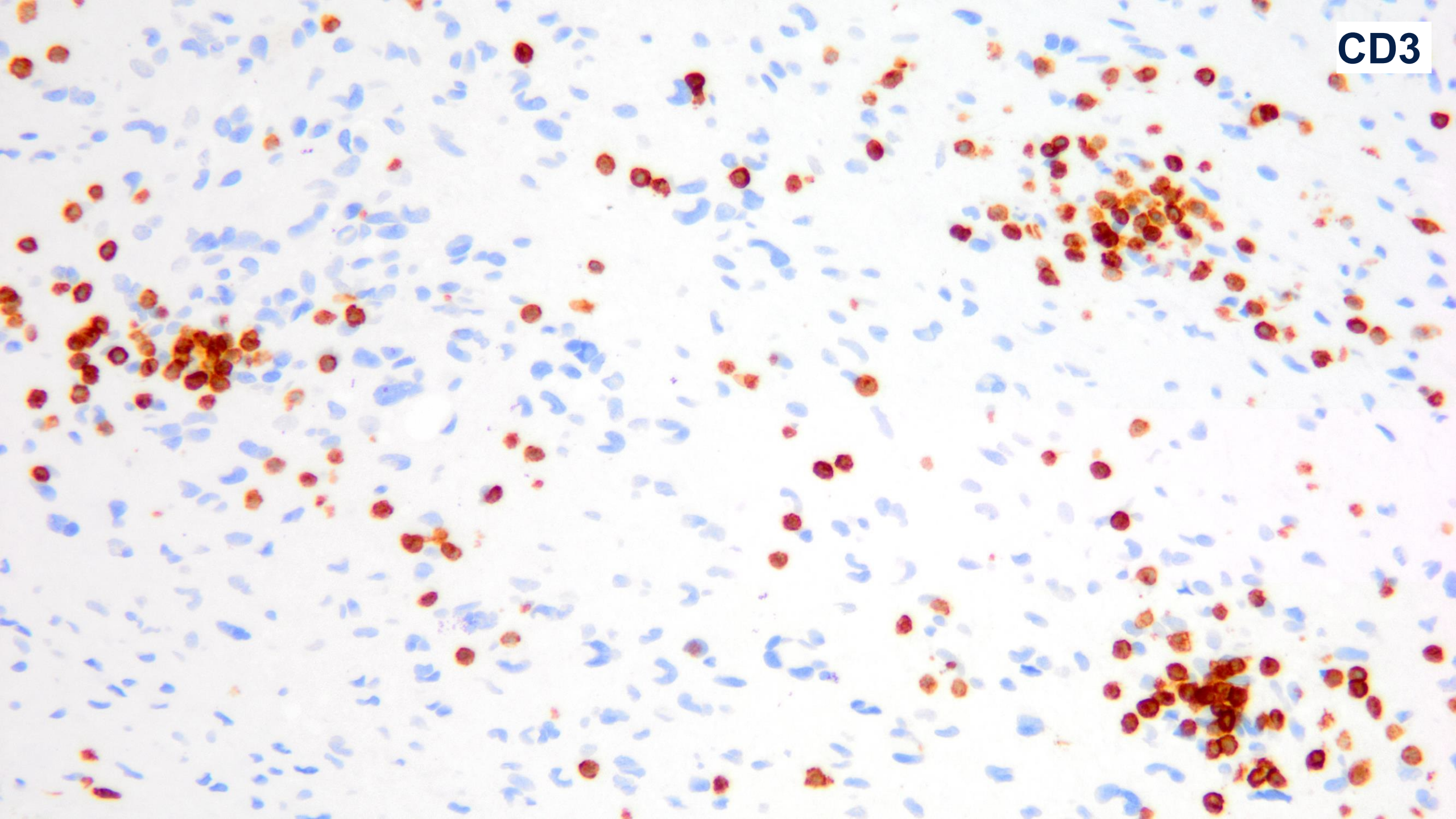
**OLIG2**



NeuN



CD3





# Follow Up Discovery

Patient revealed that he **received intrathecal and intravenous stem cell transfusions** in China and Russia for the purpose of restoring his sight.

# UCSF500 Molecular Analysis: Paired lesional tissue and germline sequencing

- No chromosomal gains, losses, focal amplifications or deletions
- No known pathogenic variants including hotspot mutations important in glioma pathogenesis
- **~90 nonsynonymous variants** present in aberrant glioneuronal tissue but not in germline sample
- Vast majority are **single nucleotide polymorphisms (SNPs)** common in human populations
  - Allele frequencies of 20% or 40% likely representing heterozygous and homozygous SNPs

Final diagnosis: L5-S1 Nerve Root Biopsy

Donor-derived glioneuronal proliferation  
following intrathecal stem cell injection

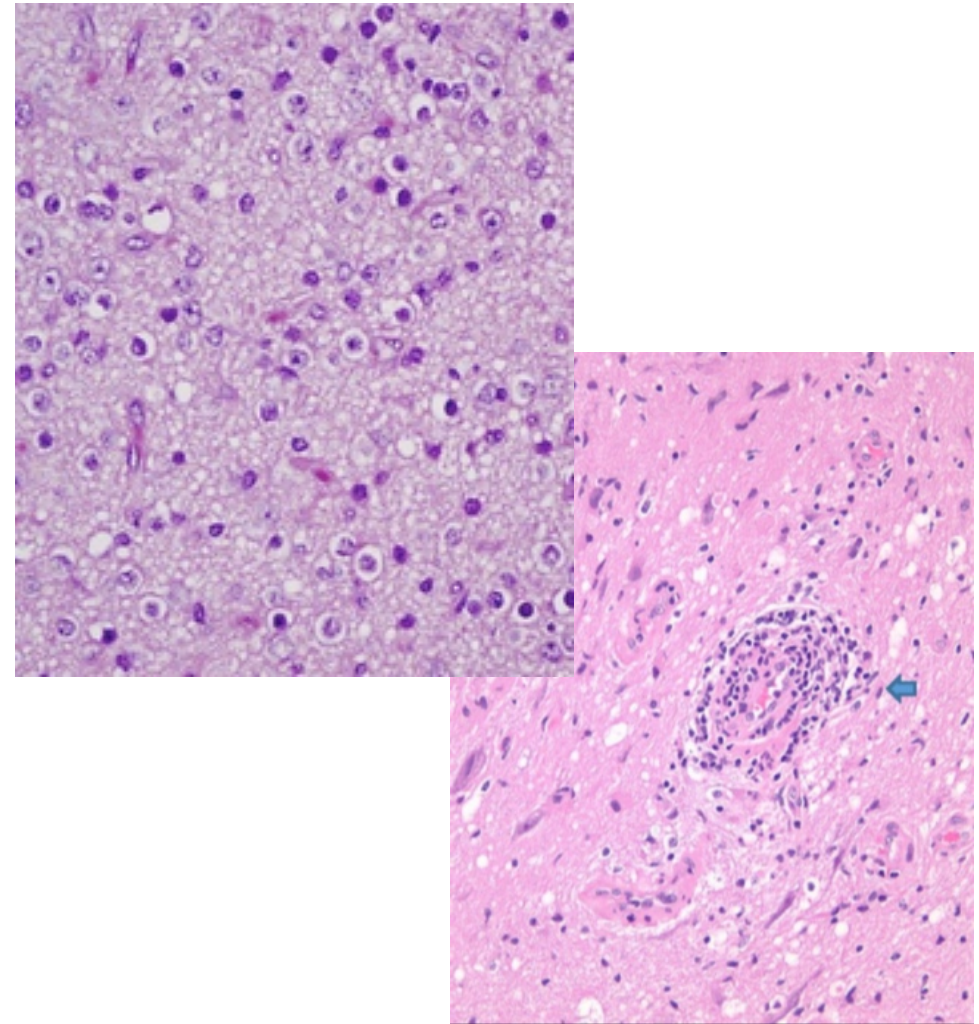
# Donor-derived stem cell glioneuronal lesions

## 5 previously reported cases

- Age range 13-73
- International travel for intrathecal stem cell injections
  - China, Russia, Mexico, Israel, Argentina
- Protocols unclear but often involved stem cells of fetal origin
- Seeking treatment for variety of disorders
  - Residual deficits from ischemic infarcts
  - Parkinson's disease
  - Ataxia telangiectasia

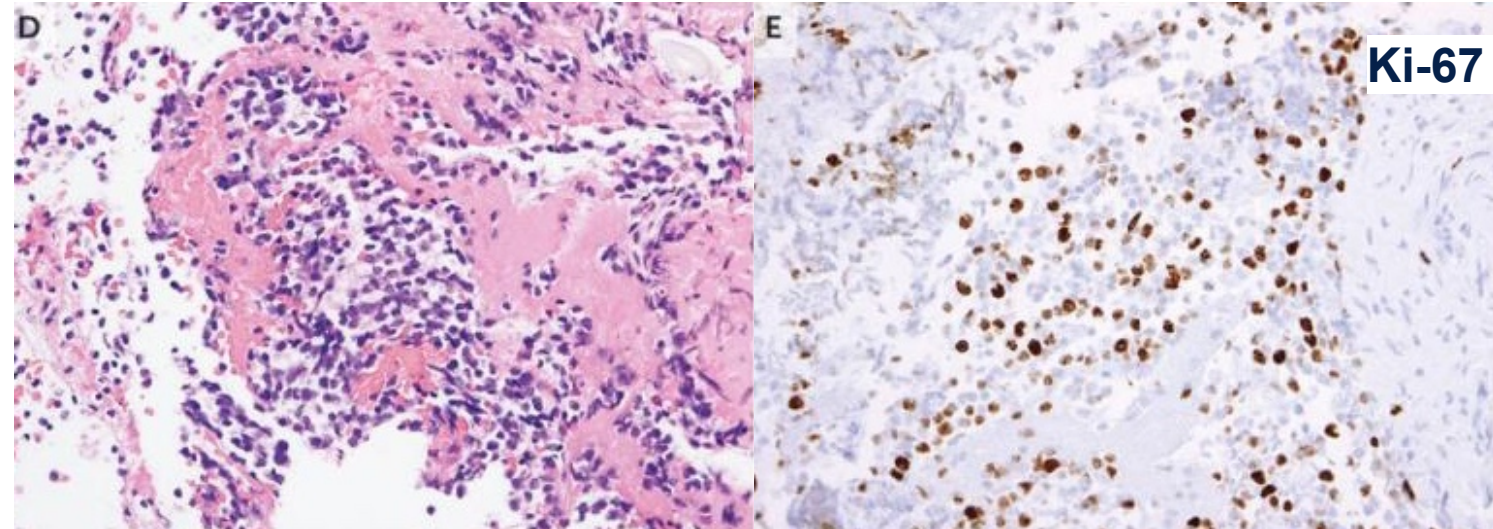
# Common Features of Reported Cases

- Intraoperative impression:
  - “Noodle” or “tube-like” encasement
- CSF abnormalities:
  - Lymphocytic pleocytosis, increased protein
- Low-grade glial or glioneuronal proliferation
  - Low Ki-67 labeling index (4/5)
  - Associated chronic inflammatory infiltrate (3/5)
    - Host-derived in one case with microdissection



# Common Features of Reported Cases

- Non-host origin was confirmed in 4 of 5 cases
- Variety of treatment strategies
  - Observation
  - Radiation
  - Methotrexate +/- radiation
  - Surgical debulking



# Conclusions

- Stem cell therapies can provide hope to patients and potentially address previously untreatable diseases, but carry substantial risks.
- Donor-derived stem cell lesions are one possible complication of experimental stem cell interventions.
- Lumbosacral nerve roots seem to be a permissive environment for stem cell engraftment.
- Pathologists, radiologists and neurologists should be aware of this rare but increasingly reported adverse outcome.

# References

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