AANP Slide Session 1970

CASE 9

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This 29 year old male had been suffering from severe headaches for five days before his first admission to the hospital. On the day of admission, he appeared drunk-like, with slurring of speech and flushing of the head and neck. He went into coma, and a tracheostomy was necessary. Three days later he was awake and alert. EEG and brain scan were negative. 16 days later, he was discharged. The following day at 2:30 A.M., his wife found him out of bed. He had urinated and defecated on the bedroom rug. She gave him a thorazine and put him to bed. Four hours later, she awoke to find him in the bathroom, vomiting. As she reached him, he collapsed. He was taken to the hospital and died at 8:30 A.M.

The <u>general autopsy</u> revealed severe gastritis and an acute ulceration. No peculiar smell was sensed, but the gastric contents were examined and cyanide was found.

The $\underline{\text{brain}}$ weighed 1600 gms. Besides the moderate edema the only lesions seen grossly were discrete, well defined areas of softening in the white matter, mostly convolutional.

Sections submitted: One H & E and one unstained.

Questions: Is there any relation between the cyanide poisoning and the white matter lesions or are they coincidental?
Was his first admission due to cyanide poisoning?

Was his first admission due to cyanide poisoning? What is the diagnosis of the white matter lesions?