

Case #6

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The patient, a 48-year-old female, was admitted to the hospital complaining of bilateral claudication of the lower extremities. She gave a history of brittle diabetes of 25 years duration and was on insulin at the time of admission. The patient also complained of occasional blurring of vision and syncope. Her blood pressure while in the hospital varied from 140/80 to 90/60. Minimal sympathetic tone was noted in the lower extremities. A carotid arteriogram showed some atherosclerotic plaques in the carotid siphon bilaterally. Only minimal atherosclerotic changes were noted at the bifurcation of both common carotid arteries. The femoral arteriogram showed 50% occlusion of the distal 3 cm. of the aorta and complete occlusion of the right superficial femoral artery. 1 week later, an aortic bifurcation graft was placed and a right lumbar sympathectomy was performed. She was discharged 3 weeks after admission.

Two slides are submitted from the surgical material. These are stained by the hematoxylin-eosin and Kluver techniques. All ganglia examined showed identical changes.

Points for Discussion:

1. Is this an example of lipofuscinosis of the autonomic ganglia?
2. Is this related to Case 8 of the 11th Diagnostic Slide Session (1970)?