

Slide 8

AANP Slide Session 1960

Jefferson Medical College

(Submitted by R. G. Berry)

This 19 year old college student first showed occasional episodes of confusion 10 months prior to death. There was a relentless progression of psychiatric symptoms: lack of initiative, apathy and subjective clouding of his thinking ability. These were later associated with bizarre activity, posturing and the inability to keep up with his school work, all of which eventually necessitated admission to a psychiatric hospital 4 months prior to death.

Abnormal tic-like movements incorrectly called myoclonic were the only neurological findings. He was diagnosed schizophrenic reaction, catatonic type and was given insulin therapy. Occasional tremblings of the body and extremities developed. Facies gradually became immobile and voluntary movement ceased. These culminated in a febrile reaction 6 weeks prior to death, with rapid deterioration in 2 weeks to profuse sweats, intermittent extensor spasms, opisthotonus and head-eye deviation to the left. Within a week, he was in a continuous state of decerebrate rigidity.

It became increasingly difficult to arouse him. Opisthotonus increased. Reflexes became more active and a grasp reflex was present on the left.

The only constant laboratory finding during this neurological process was a first zone colloidal gold curve. An hypotensive episode associated with low prothrombin time and gastrointestinal bleeding occurred 5 days prior to death. This was quickly and adequately treated. The rigidity began to recede, but death occurred 10 months after the onset when signs of an empyema developed in his right chest.

Autopsy performed one-half hour after death confirmed the empyema and atelectasis. There was a superficial stomach ulceration which yielded candida albicans. The brain weighed 1410 grams. There was an hemorrhagic lesion in the internal capsules and the splenium and the genu of the corpus callosum, which extended down the long descending tracts to the level of the 8th cranial nerve. In addition, some small patchy grey plaques with an irregular outline were noted in the white matter, particularly in the frontal gyri.