

1962

CASE 13

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This 56 year old man was first seen in 1957, with a two months' history of numbness and paresthesias of the left foot, and intermittent painful "elec-trical" sensations in the left buttock, lateral and posterior aspects of the thigh and foot, and a six weeks' history of burning pain about the right shoulder blade. 2 years later, the patient was hospitalized because of these symptoms. He also had marked weakness of the left hip, atrophy of the left calf, and drift of the right upper extremity with moderate weakness at the shoulder and elbow, decreased vibratory sensation, hypesthesia in the left lower extremity and sacral hyperalgesia. The cerebrospinal fluid was normal. There was no block. The fluid contained one WBC per cu. mm. and 56 mg.% protein. While in the hospital the patient developed a pneumococcal meningitis which responded well to treatment. In spite of meticorten and stilbesterol treatment, pain and weakness increased, motor power of the left lower extremity was completely lost and weakness of the right upper extremity grew worse. In the last few months before his death, he developed difficulty in urination, frequent fecal impactions, profound peripheral facial weakness, dysphagia, an absent gag reflex, a marked left peripheral facial weakness and required nasogastric feedings. Several lumbar punctures in this period revealed high proteins, up to 460 mg.%, low sugars, as low as 30 mg.%, and high cell counts, up to 215 WBC,

principally lymphocytes. The patient further developed a complete external ophthalmoplegia, photophobia, nuchal rigidity and a positive Kernig sign with unequally reactive pupils. Terminally, the patient developed pneumonia with hyperpyrexia of 106.6°. He died about two and one-half years after the onset of symptoms. Cultures of the CSF for fungus and bacteria were negative.

Postmortem examination revealed a widespread cellular infiltration like that in the slide presented, in the leptomeninges, central nervous system, spinal and cranial nerve roots and their ganglia and peripheral nerves.