

CASE 4

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A 31 year old white man had neurological difficulty from birth. He was in asphyxia livida after a difficult forceps delivery. After delivery, there was a marked tonic spasm of arms and legs. At eight months, signs of central nervous system damage were evident. At 25 months he walked with support with typical spastic gait and was thought to have spastic paralysis. He understood well, responded quickly and tried hard to express himself. During the following years, he was not able to talk. He used a wheel chair all of the time. He could make his needs known by his facial expressions. He enjoyed listening to the radio and watching TV. He also had athetoid movements, especially on the right side. He fell out of the wheel chair breaking his right humerus. 4 days later, he was transferred to the hospital for the treatment of this fracture. At that time he was diagnosed to have mental impairment, mild; cerebral spastic quadriplegia, athetoid type due to injury at birth. He also had a history of three attacks of lipoid pneumonia between 1952 and 1957. 8 days after his fall an intra-medullary nail was used on the right humerus to correct the fracture (open reduction) but infection developed 6 months after his initial injury he suddenly became unresponsive, hypotensive, and had shallow respirations. In about four hours he died.

At autopsy, the calvarium, dura, venous sinuses, arachnoid and convolutions were normal. The cerebral vessels were within normal limits. There was no marked atrophy in the cortex. The putamen and pallidus, especially putamen, had spotty white and yellow areas which gave them a marble appearance. This was present only in the middle portion of the putamen and the pallidus. These spotty areas ranged from 1.0 mm. to 2.0 mm. The spinal cord was normal.