

Case #3

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A 58 year old woman enjoyed good health until she suddenly noticed blurring of vision. Her relatives noticed certain personality changes such as; loss of spontaneity, diminished interest in her surroundings and a deteriorating memory. In addition, they said she had a "staring" expression and moved her head to look at objects instead of moving her eyes. She had progressive difficulty swallowing and lost weight rapidly. She came to the hospital when she could no longer care for herself.

Examination revealed a thin, withdrawn person who was emotionally labile. She spoke very slowly, with obvious difficulty, and had trouble swallowing her saliva. She walked with a cautious "marche a' petit pas" and had marked retropulsion. Examination of the III, IV and VI cranial nerves showed limitation of range on voluntary gaze. She could move her eyes 30° to the right but had no left lateral movement and downward movement was limited to 20°. There was right central palsy of the VI nerve. The soft palate was bilaterally elevated and the gag reflex diminished.

There was marked rigidity of the neck muscle with forward posturing. Cogwheel rigidity was demonstrated. Symmetrical hyperreflexia of upper and lower limbs was noted.

Skull films, EEG, and lumbar puncture were within normal limits.

Her neurologic work-up was interrupted by the discovery of a carcinoma of the colon which was subsequently resected. Severe post-operative complications occurred continuing for the next six months until a week prior to her death.

These included aspiration pneumonia which lead to respiratory failure and necessitated tracheostomy. During her course sepsis occurred and Candida was grown from blood cultures.

Significant findings at autopsy were: focal acute pneumonia involving the right lower lobe, acute and chronic pyelonephritis and metastatic adenocarcinoma to the bladder via lymphatic spread. Neuropathology is well seen in the slides.

Discussion: Differences between progressive supranuclear palsy (Steel-Richardson-Olszewski's disease) and postencephalitic Parkinsonism.