

Case #1

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The patient was a 74 yr. old, mentally impaired woman sent from a nursing home to the hospital because of coma and GI bleeding. She had been ambulating well and talking the day prior to admission. The day of admission she had not eaten much but was taking fluids. She was noted to be stumbling around and complaining of blurred vision and dizziness. Thirty minutes prior to lunch, she was talking with another patient, but at lunch time, she was found comatose. When she arrived in the Emergency Room, she had a blood pressure of 60/40, pulse of 140 and Cheyne-Stokes respirations. Her temperature was normal. She was comatose with no response to pin prick, no "doll's eye" movement, and no response to caloric stimulation. Her pupils were small and slightly responsive. Extremities were flaccid, except for decerebrate posturing on sternal pressure. Reflexes were decreased bilaterally, but there were bilateral Babinski signs. Cardiac examination revealed irregular rhythm. Lungs were clear and the abdomen soft. There was no evidence of head trauma.

Past history revealed she had had a recent simple mastectomy for intraductal carcinoma of the breast. She had also had a long history of hiatal hernia treated with Maalox.

Shortly after admission she vomited a small amount of dark blood, and some wine-colored material was recovered from the nasogastric tube. Hematocrit was 32.9, WBC 5,700, BUN 22, glucose 110, pH 7.48. She was given IV fluids and 2 units of whole blood without increase in blood pressure. She remained in a comatose state and died two days after admission.

The stomach was full of clotted blood, but showed no ulcerations or bleeding points. The basal lobes of the lungs were consolidated.

Microscopic study disclosed multiple emboli in small blood vessels, frequently associated with microinfarcts, in the heart, lungs, spleen, GI tract and pituitary.

There was slight cerebral atrophy but no edema or atherosclerosis. Coronal sections showed scattered petechiae, particularly in the cerebral cortex. No gross infarcts were seen. However, all sections of cerebral cortex, white matter, basal ganglia, thalamus and brain stem showed microinfarcts, sometimes associated with hemorrhages. Occasional small vessels contained emboli. The slides distributed are stained with hematoxylin and eosin.

Points for Discussion:

1. What are the emboli -- animal, vegetable or mineral?
2. How did they arrive at their destination?