

Submitted by: M. Meyer, H. Powell, P. Lampert
 University of California, San Diego
 La Jolla, California 92093

This 56 year old male with known cauda equina syndrome and atherosclerotic coronary vascular disease was admitted because of a possible myocardial infarct. No definite clinical or laboratory evidence of an acute infarction was found. He was treated for congestive heart failure, seemed to stabilize but died of a cardiorespiratory arrest.

His past neurological history was involved. At age 22, he was in an airplane accident and sustained a lumbar spine injury. Over the next few months, he began to experience pain in the hips and both legs. Physical examination several months after the accident showed atrophy of the left thigh and calf muscles. Spine films showed only calcareous changes of L₄ and L₅ and myelography failed to reveal any additional defect. One year later, a spinal fusion was attempted. The incision drained for seven months before it finally healed. The patient did well for the following 3 years when back pains worsened. Skull and spine films showed retained contrast medium and the diagnosis of arachnoiditis was made. Three years later the pain became so severe that surgery was again necessary. One procedure was performed to remove the dense lumbar scar tissue and a second operation to fuse the spine. Symptoms persisted and the spine was re-explored with removal of the L₄ - 5 disc.

Over the next 10 years, he suffered intermittent back pain, leg pain and "migraine" headaches with gradual loss of bowel and bladder function. At age 34 he developed a left facial palsy. Four years later, he suddenly lost the hearing in his right ear and began to notice hearing impairment in the left. A workup included a pneumoencephalogram which failed to reveal and cerebellopontine angle abnormality. At age 53 he again suffered severe spasms and was admitted for a second cordotomy. His deafness was now complete. Skull x-rays showed numerous intracranial densities which were thought to be intracortical. A CPA myelogram showed findings consistent with a left acoustic neuroma. Over the ensuing years, the patient had to be placed in a nursing home because of his deafness, heart disease and complete incontinence of bowel and bladder.

Autopsy Findings: 1. Acute congestive failure. 2. Severe atherosclerotic disease. 3. Acoustic neuroma. 4. Meningioma.

Microscopic sections of spinal cord are stained with hematoxylin and eosin.

Points for Discussion:

1. Nature of deposits? *Thrombosis?*
2. Effect of myelography on meninges? *Fibrosis*
3. Induction of tumors by contrast media? *Thrombosis*