

Case #4

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The patient was a 55 year old woman with a history of rheumatic heart disease. She was said to have had a left middle cerebral artery occlusion several years before death, and she had a residual hemiparesis. She fell 25 days antemortem and then complained of stiff neck and headache. A lumbar puncture revealed xanthochromia. Congestive heart failure, oliguria, hypotension and deep coma developed before death.

Autopsy revealed massive, recent bilateral pulmonary emboli and idiopathic, hypertrophic, subaortic stenosis. There was recent subarachnoid hemorrhage, thought to be caused by a leaking vascular malformation in the medulla. There was fresh infarction of portions of the right thalamus and cerebral cortex. No infarct was found in the left hemisphere. There was "granular atrophy" of much of the cortical surface, bilaterally.

Of interest are the small blood vessels found in virtually all the sections of cerebrum.

Microscopic Pathology: Slides stained with Azo-carmin.

Points for Discussion:

1. What do you call this lesion of vessels? ? cap. clusters
2. Is it the cause or the result of ischemia? ? might be result of incidental finding
3. Once formed, does it, in turn, produce symptoms of neurologic and/or psychiatric nature?