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The patient was a 55 year old male who was described as always moody. Family History - Patient's one brother was epileptic, and died of unknown cause at the age of 20; his four sisters are living and well. Patient was married and had three children who are well; one daughter is hospitalized for schizophrenia.

At the age of 52, the patient had a car accident and required some stitches but was not hospitalized. Following this trauma, his behavior changed. He developed strange ideation of a religious nature, would disappear from home and would tell people bizarre stories, taking delight in frightening them. This verbally assaultive behavior led to a visit to a psychiatrist and subsequent retirement. At that time, he was described as suspicious with increased psychomotor activity, mannerisms with gestures of face and eyes. He would laugh and cry inappropriately, had flight of ideation and perseveration of thought. His sense of perception and comprehension were impaired. General knowledge and calculation ability, limited. Memory was defective both for recent and intermediate events. He had no insight into his condition. The impression was organic brain syndrome secondary to trauma with psychosis.

The condition progressed and two years before death, led to hospitalization because he became confused, poorly oriented and actively psychotic. At that time, his memory was severely impaired. His behavior became bizarre. Psychological examination stated that the patient was psychotic, confused and totally disoriented. His EEG was read as normal.

About a year and a half prior to death, patient had a single seizure. He was placed on Dilantin. Following the seizure, there were two (2) EEG's which were described as markedly abnormal with suggestion of lateralization and encephalopathy. A second admission to a hospital for workup for brain tumor followed, a carotid angiogram was performed showing an ulcerated atheromatous plaque in the right internal carotid artery. Patient refused surgery and remained in VA Hospital for 1½ years. During this time, he gradually deteriorated, became totally bedridden, developed bed sores, thrombophlebitis. His cause of death was bronchopneumonia. The total duration of his disease was less than three years. The autopsy confirmed the diagnosis of bronchopneumonia as cause of death. The organs were described as normal, both on gross examination and histologically. The brain weighed 1310 grams.

MATERIAL SUBMITTED: Section from frontal lobe and spinal cord stained with LFB-PAS; one (1) 2 x 2 Kodachrome.

POINTS FOR DISCUSSION:

1. The nature of the disease.
2. Does it represent a separate clinicopathological entity?