

Case 8

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Clinical Abstract:

This 68 year old man had been in relatively poor health for the past 10 years with varying degrees from tendonitis, acute prostatitis, diabetes, right bundle branch block, hypothyroidism, benign prostatic hypertrophy requiring suprapubic prostatectomy, cardiac arrest requiring a pacemaker and anemia. Through all of this he was ambulatory when he received a swine flue vaccination at age 64. During the following three months he developed an irregularly progressive spastic paraplegia with 4+ hyperactive reflexes in the legs, bilateral Babinski signs, sensory-motor neurogenic bladder, loss of position and vibration senses to the iliac crests, decrease in pain perception below T.10-11 but preservation of temperature and touch sensation.

During the following 4 years his neurological status remained fixed except that his hyperactive reflexes progressively decreased and he died during the course of a trial concerning the relationship of his transverse myelopathy to the flue vaccination. Neurological abnormalities were confined to the caudal spinal cord (and nerves to the legs, where arteriosclerotic neurogenic atrophy correlated with the loss of reflexes): 1) a small angioma in the dorsal columns of T.11, 2) fibrotic hypertrophy and occlusion of many pial veins from T.10 to S.1, and 3) Wallerian degeneration of dorsal columns and cortico-spinal tracts from T.11.

Material Submitted: Sections from T.11 stained with Voerhoff-van Gieson.

Points for Discussion: 1. Relationship of the intramedullary angioma and the occluded pial veins to each other and to the myelopathy.  
2. Relationship to the flu vaccination.