Case 4

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Clinical Abstract:

The patient was a 57-year-old female admitted after "passing out" while urinating. She was obtunded when she arrived at the hospital. Her history included headaches for two weeks and increasing lethargy for four days prior to admission. She had long-standing systemic hypertension.

Physical examination revealed an obese, disoriented patient who responded minimally to verbal commands. Her neck was supple, pupils were equal and reactive to light, ocular fundi were normal and there were no cervical bruits. Deep tendon reflexes were equal bilaterally. There were flexor plantar responses and no ankle clonus. Heart, lungs, breasts and abdomen were normal. Cranial nerves were intact. The motor and sensory examinations failed to reveal any abnormalities.

Laboratory showed moderate hyperglycemia, hematocrit was 40%, white blood count was 13,777 with a normal differential and the urinalysis showed 3+ glucose and 2+ protein. Computerized tomography (CT) of the head using contrast material only showed a lesion in the left thalamus that enhanced well. A CT scan two weeks later without contrast showed the thalamic lesion and surrounding radiolucency but no evidence of hemorrhage. There was a moderate shift of cerebral midline structures to the right. Again, the thalamic lesion enhanced well with contrast. A CT study of the chest and abdomen, mammography and scans of the liver and bones were all normal.

The patient responded well to medical management including steroids. She refused any biopsy or specific therapy. She improved and was discharged after three weeks in the hospital.

She was readmitted ten days later after increasing lethargy and weakness of the right extremities. On admission, she was obtunded with a right hemiparesis. A CT study of the head without contrast showed a lesion in the left temporal lobe with a surrounding radiolucency and one in the left parietal lobe. The left thalamic lesion now extended into the centrum semiovale and had associated radiolucencies, ventricular compression and a midline shift. She had right-sided seizures and an episode of hypotension after admission and died on the ninth day of her second admission.

Autopsy revealed a concentrically enlarged 810 gm heart, mild pulmonary edema, small recent peripheral pulmonary emboli and healed hepatic granulomata. Brain findings will be discussed.

MATERIAL SUBMITTED: One H&E slide of the thalamic lesion.
One 2 x 2 slide of CT scans (initial contrast study and final non-contrast study).