Case 12

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Clinical Abstract: The patient was a 63 year old housewife whose present illness had lasted 7 years. Her first symptom was incontinence of urine to the point of needing diapers. gynecologist performed hysterectomy and salpingo-oophorectomy with a bladder repair, but it did not improve the incontinence. Soon after that operation she began to develop a slow shuffling gait with tendency to lean forward and lose balance. Her posture was slightly stooped, but she did not have tremor at the time. The patient also noticed deterioration in her handwriting, which became small and sloppy. At about the same time she noticed that she would have some lightheadedness when arising from a chair. She did not have vertigo. She also had progressive generalized weakness and muscle wasting. Over the next three years she had increasing difficulty with chewing and swallowing and sometimes would choke. She also had increased dropling and frequently breathed through her mouth. An evaluation in 1981 showed minimal Parkinsonian features and an unremarkable CT scan. She received Artane and Sinemet. Jobst stockings were used to treat the orthostatic hypotension. When first seen by Dr. Jankovic, typical blood pressure readings were 120/80 sitting and 70/40 standing to 80/50 sitting and 60/0 standing. At that time well-nourished and awake, alert and oriented. she was She had moderate rigidity, a shuffling gait, bradykinesia and instabil-She had had at least 4 syncopal episodes ity, but no tremor. over the last year. An indwelling catheter was placed for the continuing problem of incontinence and she received Sinemet. Nevertheless she deteriorated physically and became depressed with frequent crying spells. Her mental capabilities remained relatively intact. Orthostatic hypertension continued to be a severe problem with numerous episodes of syncope. She was hospitalized terminally for weakness and pneumonia.

Material Submitted: 3 Slides from necropsy

Points for Discussion:

Diagnosis n.201