

Case 6

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Clinical Abstract: The patient, a 51 year old white male, was admitted to our hospital on 2/18 complaining of left-sided headaches of 2 weeks duration. Past history revealed that he had had a left superior segmentectomy for adenocarcinoma of the lung 6 months earlier and a total gastrectomy for adenocarcinoma of the stomach 1 month later. Physical examination showed decreased acuity in the right eye, horizontal nystagmus, and rotary nystagmus on vertical gaze. An LP revealed clear colorless fluid under a pressure of 8 cm. The CSF contained 1 RBC and 3 WBCs. The glucose measured 81 mg% and the protein 68 mg%. The IgG-albumin ratio was elevated at 0.54. The fluid was sterile and no antigens were demonstrated. The admission CT was negative.

The patient's symptoms worsened and a repeat CT on 2/20 showed an area of lucency in the left occipital lobe. On 2/21 the MRI showed a high signal lesion on the T₂ weighted image in the same area. In the next week he developed several seizures and became progressively more confused. Visual and auditory evoked responses on 2/28 showed a left occipital and bilateral brain stem lesions. On 3/3 a repeat MRI showed an extension of the lesion on the left and new lesions in the right occipital lobe and pons. Angiography on 3/6 showed narrowing at the junction of the right vertebral and basilar artery and minimal irregularity. On 3/8 he became having continual headaches. His temperature rose to 102° and he became increasingly lethargic. A repeat CT scan on 3/12 showed no new lesions and an LP was negative. On 3/13 the patient was comatose. His temperature remained elevated, up to 106°. His pupils became fixed in the midline position and the doll's eyes sign was negative. He expired on 3/15/86.

Autopsy Findings: Acute thrombosis of the basilar artery was found. The liver showed chronic persistent hepatitis which was first documented by biopsy 5 years earlier.

Material Submitted: Gross photograph of brain; H&E and unstained slide, both from the left lower occipital lobe; MRI obtained 12 days prior to death, TR=2.12 sec., TE=0.12 sec.

Point for Discussion:

Etiology