

CASE 1994-4

Submitted by: Janet M. Miles, M.D.
Department Pathology/Laboratory Medicine
Cleveland Clinic Florida
3000 West Cypress Creek Road
Ft. Lauderdale, FL 33323

Clinical Abstract: This 31-year-old female was admitted for lethargy, acute confusion and new onset of generalized seizures. Past medical history is significant for hypertension, glaucoma and a 25 year history of Type I diabetes mellitus leading to a renal-pancreatic transplant approximately three months prior to admission. Two months prior to admission, an episode of graft rejection was successfully treated with high dose steroids, radiation and anti-CD3 antibody and maintained on Cyclosporin. Significant laboratory studies upon admission include elevated liver functions (GGT 2097, AST 31, ALT 87, alkaline phosphatase 533), elevated pancreatic enzymes (amylase 322 and lipase 80) and hyponatremia. BUN and creatine were 25 and 1.9, respectively. CT scan of the abdomen and pelvis revealed hepatic steatosis and gallbladder sludge. CT scan of the chest was negative. MRI of the brain revealed multiple, bihemispheric enhancing lesions. Echocardiogram revealed a mass in the right atrium measuring 2 x 2 cm, apparently adherent to the atrial wall. A stereotactic brain biopsy was obtained. The patient was treated with Amphotericin B and received 50gs of whole brain irradiation. Liver and pancreatic enzymes normalized; however, hyponatremia persisted. The patient became increasingly obtunded and unresponsive. Repeat MRI revealed multiple new intracranial lesions and hemorrhage. Despite all efforts, the patient subsequently expired.

Submitted: One H&E stained section and one unstained slide.

Points for Discussion:

1. Diagnosis
2. Pathogenesis
3. Radiographic correlation