

## CASE 1995-6

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**Clinical history:** The patient was a 34 year old female with history of AIDS, dementia, MAI infection, candidal esophagitis, refractory anemia and genital Herpes. She presented with multiple complaints, including decreased oral intake and inability to take medications, dysphagia, nausea, chronic abdominal pain, confusion, and a questionable seizure on the day prior to admission. On physical examination, she was disoriented and had adherent white plaques to the oropharyngeal mucosa. There was mild cervical lymphadenopathy and left upper abdominal quadrant tenderness. Admission labs were significant for a microcytic anemia, mild leukopenia and mild thrombocytopenia. During hospitalization, the patient's condition continued to slowly deteriorate and she was found deceased, 36 days after admission.

**Necropsy findings:** The brain weighed 1150 grams and was covered by clear meninges. Coronal sections of the cerebrum showed the periventricular area to be slightly granular and friable. The gray and white matters were otherwise unremarkable, and there was no ventricular dilatation. Brainstem and cerebellum were within normal limits. Significant non-CNS findings included *P. carinii* pneumonia and disseminated MAI infection.

**Material submitted:** One H&E stained and 1 unstained section of cerebrum, from different blocks.

**Points for discussion:** Diagnosis.