CASE 1996 #6

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Clinical History: The patient, a 70-year old male, following an emergency appendectomy developed a flu-like illness with cough of about two week duration. At that time, he noticed generalized weakness (legs being more affected and requiring assistance in walking), diplopia and dizziness. He also developed slowed and slurred speech and noticed a tremor of the right hand with intention and occasional choking of solid and fluids. His past medical history was significant for hypertension, diabetes insipidus and coronary bypass surgery. The neurological exam disclosed nystagmus, eye movement abnormalities, slowed speech, dysmetria and ataxia, as well as spasticity in the lower extremities.

MRI of the head demonstrated multiple areas of prominent T2 signal abnormalities with spotty enhancement intraaxially in the brainstem and brachium pontis bilaterally and a few small enhancing lesions in the periventricular white matter. Areas of enhancement surrounding the vertebral arteries were also noted. The most likely diagnosis was thought to be a granulomatous disease such as sarcoidosis. A CT of chest was done, that disclosed several small cystic areas, c/w emphysema.

Despite steroid treatment, no improvement either clinically or radiographically was noted and ultimately the patient was admitted to a long-term care facility, where he succumbed to bronchopneumonia.

Material submitted: 2 kodachrome slides of base of the medulla and cerebellum, and of the right vertebral artery, and an H&E section of either pons or cerebellum