

AANP Slide Session 1971

CASE 8

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The patient, a 60-year-old female was admitted to the hospital in a comatose state. She had a 16 year history of rheumatoid arthritis and was being treated with Prednisone and Indocin. Five weeks prior to admission she fell at home and was found in a semi-lucid state. About one week later she attempted suicide and about one week after this she developed a left hemiparesis. On the morning of admission she was found in a comatose state. Physical examination on admission revealed a left positive Babinski sign and a lack of response to caloric stimulation. A spinal tap showed clear colorless fluid under a pressure of 210 mm with a protein of 110 mg% and a colloidal gold curve of 1123321100. The fluid was non-reactive for VDRL. The EEG showed generalized delta activity with focal slowing in the right fronto-temporal area. The brain scan was negative.

Following admission the patient improved markedly and by day 9, she was described as being awake and alert. Steroid therapy was continued throughout this period; A spinal tap on day 19, showed an opening pressure of 130 mm. On day 30, she was again found to be poorly responsive. A spinal tap showed a pressure of 180 mm and a protein of 42 mg%. Her temperature measured 102° and her eyes deviated to the right. The left side was flaccid. Following this episode the patient improved and by day 37, she was described as being back to her former state. She was discharged to a nursing home on day 69.

The patient was readmitted 5 days later, in a comatose state. Her pupils were fixed and dilated and the respirations were described as Cheyne-Stokes. A lumbar puncture revealed clear colorless fluid under a pressure of 100 mm with a protein of 50 mg%. Microscopic examination revealed a 2 WBC and 225 RBC. Her general condition remained unchanged until her death 3 days later.

At autopsy, the immediate cause of death was found to be multiple pulmonary emboli and bronchopneumonia. She had active rheumatoid arthritis. The kidneys showed severe chronic pyelonephritis. The brain contained a hemorrhagic infarct in the tip of the right frontal lobe. Smaller old infarcts were found in the left thalamus and putamen. In addition to this the white matter at this level showed yellowish areas of discoloration. The slides submitted are from these areas. The changes observed in the pial vessels were found in all sections from both cerebral hemispheres. The viscera showed only one small arterial lesion located in the retroperitoneal connective tissues.

Submitted are: 2 slides and 2 Kodachromes of the gross specimen.