## CASE 8

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The patient, a 22 year old white male, was admitted for dizziness accompanied by nausea and vomiting.  At this time he also began to experience intermittent fever.  On admission he was somewhat lethargic.  Physical examination revealed several enlarged rubbery lymph nodes in the right supraclavicular fossa and multiple firm nodes in both inguinal areas. Except for a left esotropia the neurologic examination was normal.  The spinal fluid contained 4 WBC and 10 RBC per cu. mm. Electrophoresis showed only albumin.  The blood serum showed an increase in alpha 2 globulin (1.0 g. %), ceruloplasmin (725 units) and IgM globulin (4.0 mg/ml).

An exploratory laparotomy was done.  Hodgkin's disease of the nodular sclerosing type was demonstrated in the periaortic lymph nodes and spleen. There was no involvemept of the liver or bone marrow.  Several days later the patient fell while trying to get out of bed and was noted to be confused.  He developed hiccough, pronounced nyatagmus and blurring of the optic disc margins.  The EEG and a right brachial arteriogram were normal, but the brain scan, which had previously been normal, now showed increased uptake peripherally on the right side.  The patient became very lethargic with slow slurred speech and remained in this state throughout his hospital course.  A lumbar puncture revealed clear colorless fluid under a pressure of 120 mm. of water.  The fluid contained no cells and the chemical studies were normal.  He developed a right positive Babinski sign. There was no improvement with Cytoxan, Velban, steroid therapy or irradiation to the head.  He expired one month after initial presentation.

At autopsy he was found to have pulmonary Hodgkin's disease as well as involvement of lymph nodes and spleen, as stated.  The brain was grossly normal.  The lesions illustrated in the accompanying slides were present on all sections of the central nervous system, including the brain stem and cerebellum.