

Case #8

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A 31 year old black male had a diagnosis of chronic glomerulonephritis at age 27. He was dialysed for 8 months at which time, he had a unilateral cadaver-kidney transplant. Immunosuppressive therapy included: (Imuran), antilymphocytic globulins, prednisone, prednisolone and hydrocortisone. Dialysis was continued since the amount of urine filtered was small.

While being dialyzed one week after transplantation, he convulsed and became abruptly unresponsive. He responded to painful stimuli by opening the eyes slightly; there were no spontaneous movements of extremities. Eyes wandered aimlessly, pupils were symmetrical, 3-4 mm. in diameter and responded to light normally; involuntary eye movements were normal; ciliospinal reflex was present, neck was supple, extremities were flaccid and deep reflexes were preserved. There were weak withdrawal attempts after painful stimulation. After regaining "consciousness", he showed neurologic recovery during the next few weeks although he remained dysphasic. He could communicate appropriately in writing. Serum creatinine levels which had been falling began to rise; this was attributed to a rejection crisis, and he received increased doses of immunosuppressive agents. After November 29, 1972, dialysis was not necessary and renal function was nearly normal. His neurologic status was much improved but he was unable to talk at the time of his discharge in December 1972.

He was readmitted to hospital five months later because of rising serum creatinine, increased blood pressure and decreased urine filtration. He had several successive hypotensive and resuscitative episodes before death in May, 1973.

General Pathology: 1) "End-stage nephropathy", 2) chronic rejection (transplanted kidney), 3) occlusion of right renal vein and artery, and 4) left ventricular hypertrophy.

CNS Pathology: The brain shows two cavitory lesions measuring up to 2 cm. in diameter in the centrum semiovale. The slide submitted is representative of these lesions.

Microscopic Pathology: An H & E stained slide is submitted.

Points for Discussion:

1. Diagnosis.
2. Etiology.