AANP Slide Session 1984

Case 6

Submitted by: Paul Garen, M.D. and J. D. Balentine, M.D.
Department of Pathology (Neuropathology)
Medical University of South Carolina
Charleston, South Carolina, 29425

A 70 year old man was being followed for Parkinson's disease of one year's duration and being treated with L-dopa. Other intercurrent problems were gout, anemia, and chronic leg ulcers. Past medical history included severe ETOH abuse. He had a 5-10 year history of worsening arthritis, especially prominent in the hands. His current hospital admission was prompted by sudden onset of confusion, decreased ability to walk, right-sided weakness and right facial droop. Physical examination showed a thin male who was alert and able to follow simple commands. A mild VII nerve palsy was present on the right. Cranial nerves II, III, IV, V and VI were intact while VIII, IX, X and XII could not be well-assessed. Cog-wheel rigidity was present in the right upper and lower extremities and some muscle fasciculations were noted. Cerebellar testing was inadequate. Frontal release signs were negative. No Babinski was elicited. Laboratory examination showed a normochromic, normocytic anemia, and elevated BUN and creatinine. CT scan revealed only widened sulci and mildly enlarged ventricles. A lumbar puncture was performed with a protein of 85, glucose of 62, and white cell count of 68 RBC's and 33 WBC's, differential of 95 lymphs and 4 polyps. Lactic acid was 24.4. Stains for organisms were negative.

The patient's hospital course was marked by development of a lower left lobe aspiration pneumonia which did not respond well to treatment. He became septic and eventually expired.

General autopsy findings showed a liver with a moderate lymphoplasmacytic portal infiltrate and kidneys with an interstitial chronic inflammation. Patchy fibrosis and fibrinous pericarditis were present in the heart. Marked bilateral adrenalitis was also noted. Gross examination of the brain revealed slight cerebral atrophy of the frontal lobes with enlarged ventricles. The spinal cord appears to be normal.

Material submitted: One H & E stained section of frontal lobe.

Points for discussion: 1) Differential diagnosis