

Case 2000-01

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Clinical History: The patient is a 30 year old male with a long history of cystic fibrosis. He underwent bilateral orthotopic lung transplants two years prior, and had several subsequent episodes of pneumonia. He was admitted for complaints of three days of shortness of breath, fever, headache, chest pain, purulent sputum and sore throat. Despite ventilatory support, multiple antibiotics, antivirals, steroids and continuance of his immunosuppressants, his respiratory and renal functions declined and he died.

No neurologic history was noted and no detailed neurologic examination was recorded.

Necropsy findings: The diagnosis of cystic fibrosis was confirmed, and he had the noted pulmonary transplants with organizing pneumonia, evidence of rejection, both acute and chronic, organizing diffuse alveolar damage, constrictive bronchiolitis obliterans, and hyaline arteriosclerosis of the kidneys.

At gross neuropathologic examination, white-grey firm tissue was present in the subarachnoid space of the spinal cord, in the cerebello-pontine angles, and just medial to the hippocampi. Nodular masses were present on some spinal nerve roots.

Material submitted: Color slide of spinal cord
H&E of section of spinal cord
Unstained section of spinal cord

Points for discussion: Diagnosis
Frequency of such findings