

47th ANNUAL DIAGNOSTIC SLIDE SESSION 2006

CASE 2006-4

Submitted by:

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Clinical History:

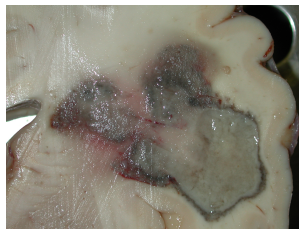
The patient was 68-years-old when she was admitted to our institution because of a cognitive disorder. Her past medical/surgical history included two mastectomies for invasive ductal carcinoma. The first one occurred at the age of 48 and the second 13 years later. At the age of 67, the patient underwent kidney transplantation because of chronic renal failure secondary to autosomal dominant polycystic kidney disease.

The present illness began 7 months prior her admission. After falling, the patient complained of pain while walking. A pelvic fracture was revealed by x-ray examination. Simultaneously, an asymptomatic pelvic mass was disclosed. Because of a biological inflammatory syndrome and the inability to access by needle biopsy this pelvic mass, blind antibiotic therapy was prescribed. Six months later, the patient developed cognitive changes. Brain MRI revealed the presence of three hemispheric lesions. Meanwhile a treatment was started but the patient died three weeks later.

Necropsy findings:

General autopsy showed presence of a large pelvic abscess also involving the hilum of the transplanted kidney, the uterus and the fallopian tubes. Liver and kidney polycystic lesions were observed as well as a small old heart infarct.

Macroscopic brain examination confirmed the presence of three large white matter hemispheric lesions with a necrotic grey center and a discrete black border outlining periphery of each lesion.



Material submitted: H&E section

Points for discussion:

1. Diagnosis
2. Pathogenesis