

54th ANNUAL DIAGNOSTIC SLIDE SESSION 2013

CASE 2013-1

Submitted by:

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Clinical History:

This 48 year-old man presented with psychiatric problems, which began with depression following business difficulties. This was followed shortly by abnormal behavior including inappropriate speaking and aggressiveness, apathy, negligence of personal hygiene and self-appearance. His behavior deteriorated over the next year with more definite signs of frontal lobe impairment. His only relevant medical history was controlled hypertension, while his family history was noncontributory. A head CT scan showed cerebral atrophy with enlarged ventricles, and MRI showed nonspecific white matter signal changes, especially bifrontal with several scattered areas throughout the hemisphere bilaterally. He was transferred to a nursing home and his symptoms continued to deteriorate. Two years after his initial symptoms, he became more aggressive and completely disinhibited with loss of comprehension and could only utter monosyllabic speech. During the last year before his death he was completely mute and wheelchair-bound with contractures in his hands. He died of bronchopneumonia.

Material submitted:

H&E/LFB section of gray and white matter of the frontal lobe.

Points for discussion:

1. Diagnosis and differential diagnosis
2. Practical approach for this entity