

58th ANNUAL DIAGNOSTIC SLIDE SESSION 2017.

CASE 2017-4

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Clinical History:

A 61 year-old man presented in the Fall with headache, falls, and altered mental status. He had experienced several weeks of headache and malaise following known multiple tick bites in New England and treatment with doxycycline. His past medical history was significant for Crohn's disease maintained on adalimumab, atrial fibrillation on warfarin, and a prior right subcortical stroke (reportedly without prior deficits). On exam, he was noted to have jerking movements and rigidity on the right, and a left gaze preference. Lumbar puncture was performed and showed 430 nucleated cells, 5 RBCs, 96% lymphocytes, glucose 43, and total protein 133. MRI showed leptomenigeal enhancement involving the cerebral cortex, deep gray nuclei, midbrain, and cerebellum, and ill-defined enhancement and restricted diffusion within the left thalamocapsular region. He underwent biopsy of the right cerebellum.

Material submitted:

One H&E stained virtual slide

Points for discussion:

1. Etiology
2. Neuropathologic findings and differential diagnosis