

58th ANNUAL DIAGNOSTIC SLIDE SESSION 2017.

CASE 2017-5

Submitted by: Meghan Driscoll, M.D. (Neuropathology Fellow), Jessica Corean, M.D. (Pathology Resident), and Cheryl Palmer, M.D.

University of Utah, Department of Pathology
1950 Circle of Hope Drive; Room N3105
Salt Lake City, UT 84112

Clinical History:

The patient is a 60-year-old woman who presented to care with acute shortness of breath and heart failure. These findings were clinically attributed to pulmonary emboli. Upon admission she was found to have acute heart failure, and developed cardiorenal syndrome. During her hospital stay, she was found to have *Klebsiella pneumoniae* bacteremia and became septic requiring inotropic support. Due to worsening cardiac function the patient and her family elected palliative care and she passed away 72 hours later.

Autopsy findings:

Examination of the brain demonstrated a markedly enlarged pituitary gland that was 2.7 x 2.4 x 1.8 cm with a diffuse fleshy nodularity. The remainder of the brain and spinal cord examination was unremarkable.

Material submitted:

One H&E stained slide and one unstained slide of the pituitary gland.

Points for discussion:

1. Differential considerations and final diagnosis.
2. Relationship to general autopsy findings.