

60th ANNUAL DIAGNOSTIC SLIDE SESSION 2019.

CASE 2019 - 7

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Clinical History:

An 80-old male with a 6-year history of clinical Parkinson's disease passed away after approximately 6 months of increasing somnolence and confusion. Disturbances of tremor and gait were initially well controlled by anti-parkinsonian pharmacotherapy. However, in the three to four years prior to death the patient developed increasing forgetfulness and had several falls. In addition to progression of the movement disorder, the patient experienced progressive cognitive decline with decreased levels of attention and concentration, disorientation to person and place, and difficulty with spontaneous speech. The prior medical history included lung and colon cancer, diabetes, hypertension, and coronary artery disease. CT imaging showed focal encephalomalacia of the right basal ganglia and left internal capsule but was otherwise within normal limits.

Autopsy findings:

Gross examination revealed a 1270 gram brain with mild frontotemporal atrophy and cingulate gyrus atrophy. There was moderate ventriculomegaly with hydrocephalus ex vacuo. Moderate hypopigmentation of the substantia nigra and locus coeruleus was noted. The remainder of the cerebrum and cerebellum appeared grossly normal.

Material submitted:

H&E-stained section of the midbrain
H&E-stained section of the mid-frontal cortex
Gross image of the brain
Gross images of the pons and midbrain

Points for discussion:

1. Differential diagnosis and ancillary studies
2. Pathogenesis