

CASE 1999-5

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Clinical History: The patient is a 32 year old male who presented to medical attention with progressive lower extremity numbness. Past medical history is significant for hypertension and syphilis, treated with medical therapy. Neuroimaging studies of the thoracic and lumbar spine revealed numerous abnormalities including intraaxial pathology reflected in abnormal areas of enhancement on the surface of the spinal cord and lumbar nerve roots, as well as extraaxial pathology in the regions of T3-T8 and T11-L1. Neuroradiologic interpretation at this time included a neoplastic process as the etiology of the intraaxial abnormalities and hematoma as the cause of extraaxial abnormalities. MRI of the brain revealed a small enhancing mass in the right dorsolateral aspect of the medulla, suspicious for neoplasm. An extensive medical work-up, including radiologic imaging of the chest, pelvis and abdomen, revealed no evidence of tumor. A total body bone scan was negative. The patient had negative serologic testing for HIV. Serology for alpha fetoprotein and beta-HCG was within normal limits. The patient underwent decompression T10-S1 laminectomy. Neurosurgical exploration revealed a normal epidural space. The dura mater was focally thickened. The inner aspect of the dura mater revealed a thick membrane which, at times, formed a fluid-filled "cyst", grossly consistent with remote subdural hematoma with neomembrane formation. Multiple biopsies from the "intradural thickening" and "subdural membrane" were performed.

Material submitted; One H&E stained slide and one unstained slide from the surgical specimen.

Points for discussion: 1. Diagnosis
2. Pathogenesis