CASE 2002-4

Submitted by:

Angelica Oviedo, M.D. Dept. Pathology Ste. Justine Hospital 3175 Cote-Ste.-Catherine Montreal, QC H3T 1C5 Tel. 514-345-4931 ext. 6685 Fax 514-345-4819 Email: angelica.oviedo.hsj@ssss.gouv.gc.ca

Clinical History

This 2 and a half year old male was diagnosed with antenatal auricular flutter at 34 wks gestational age. The mother was digitalized for 10 d. without success. Cesarian section was done at 35 wks gestational age. The neonate was immediately treated with Lanoxin and Amiodarone. He was intubated at 24 hours of life. He was eventually discharged on anti-arrhythmic medications. At 6 months of age, he was admitted for an episode of RSV bronchiolitis. At 2 years 4 months old, he was admitted for hypotension and shock. He had a protracted course which included nosocomial pneumonia, arrhythmia, pulmonary hemorrhage, and hypertension. He was also treated with corticosteroids for a clinical diagnosis of Takayasu's arteritis based on angiographic findings. He had an episode of generalized tonic-clonic seizures while febrile. He continued to deteriorate and died with bronchopneumonia and necrotizing bronchitis at 2 years 9 months of age.

Autopsy demonstrated organ asymmetry as follows: the left kidney (91.7 g) was larger than the right kidney (51.2 g); the left lung (161.2 g) was larger than the right lung (127.1 g); the left testis (6.4 g) was larger than the right testis (2.2 g). He also had massive cardiomegaly with a heart weight of 128.1 g (expected heart weight for age approximately 58 g). The brain showed a lesion on the medial parietal-occipital lobe.

Material submitted: H and E slide of brain, spinal cord, and aorta.

Points for discussion: Diagnosis