

## 51st ANNUAL DIAGNOSTIC SLIDE SESSION 2010

### CASE 2010-6

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#### Clinical History:

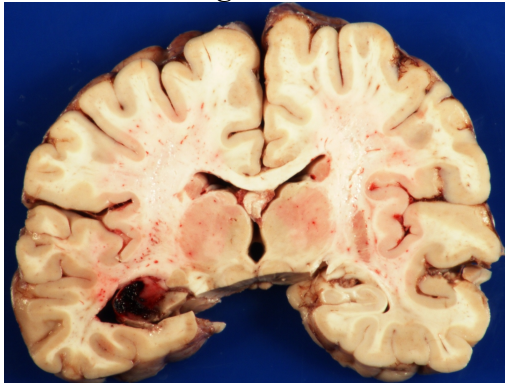
The patient was a 52-year-old male with a past medical history of classical Hodgkin lymphoma, nodular sclerosis subtype, diagnosed in 2006 and treated with several cycles of chemotherapy, autologous peripheral stem cell transplant in 02/2009 and mediastinal radiation therapy in 07/2009. About 2 months later, he presented with a 1-week history of dyspnea, non-productive cough, low-grade fever, chest wall pain and rash. Chest X-ray revealed a consolidation of the left upper lobe consistent with radiation pneumonitis. The patient was admitted to the hospital because of worsening respiratory symptoms. He also appeared to have mild mental status changes with difficulties recalling the events of the past few days. He was slightly slow to respond to questions and had a sluggish right pupillary reflex. A CT of the head without contrast showed no significant abnormalities.

One day after admission, the patient collapsed and was found minimally responsive lying on the floor with nystagmus and faint twitching movements of his left upper extremity. A follow-up CT scan reported a new intraventricular hemorrhage in the temporal horn of the left lateral ventricle (Figure 1) and a small amount of blood on the left leaf of the tentorium. The patient had another seizure and became completely unresponsive with poor oxygenation requiring intubation. Shortly later, he developed bradycardia followed by asystole. Resuscitation efforts were unsuccessful. The patient died about 3 hours after his collapse.

**Figure 1**



**Figure 2**



#### Autopsy findings:

Coronal sections of the brain (1550 grams) revealed a 2.5 x 1.5 x 1.5 cm hemorrhagic lesion in the left anterior temporal lobe involving amygdala and hippocampus with minimal extension into the ventricle (Figure 2). Gross examination of the brain was otherwise unremarkable.

Material submitted: H&E section of the left hippocampus

Points for discussion: Diagnosis