CASE 1

Several discussants made a diagnosis of Wegner's granulomatosis. Others felt that this was inconsistent with the absence of lesions in other organs. The diagnosis of the presenters was Tolosa-Hunt syndrome.


CASE 2

There was general agreement on the diagnosis of acantoamoebiasis. However, the organism reacted only weakly in the immunoperoxidase stain. Skin was suggested as the portal of entry. It was pointed out that some patients with chronic renal disease on dialysis have T cell deficiencies. Several people commented on the absence of granulomatous changes.

CASE 3

There was general agreement that this was disseminated herpes zoster leukoencephalitis. The question of the concomitant presence of cytomegalic inclusion disease was also raised. Electron microscopy revealed herpes virus and the immunologic stains for Zoster were positive. Inclusions were also seen in the dorsal root and in the ependyma. The latter were negative for CMV with immunoperoxidase staining.

CASE 4

There was general agreement that this was multiple sclerosis. Some lesions were centered around veins, resembling experimental allergic encephalomyelitis and suggesting a link between the two conditions.
CASE 5

This was a case of Rocky Mountain Spotted Fever with lesions confined to the brain. These consisted of areas of vasculatures with fibrin infiltration into the parenchyma. Microglial nodules were absent or rare. The lesions were not seen on some of the slides.

CASE 6

The diagnosis was neurosyphilis in association with Parkinson's disease. The spinal fluid serology was positive but no organisms could be demonstrated by immunologic staining methods or electron microscopy. This was attributed to treatment. The absence of rod cells was commented upon by some observers, others disagreed.

CASE 7

The diagnosis was metastatic myxoma. The presenters demonstrated myxomatous tissue like that found in the original surgical specimen. Several discussors, however, reported that they found no tumor, but only organized blood clot in their sections.


CASE 8

A descriptive diagnosis of hemorrhagic white matter necrosis was made. This is basically an anoxic-ischemic lesion. The presenters suggested that there may be a pathogenic relationship to the hypertension associated with clamping of the aorta.


CASE 9

The patient was treated by both radiation and chemotherapy. The tumor recurred and spread in the subarachnoid space. The patient expired one year after surgery. There was general agreement that the diagnosis was ganglioneuroma and glioblastoma multiforme. It was pointed out that such tumors have a propensity to spread in the subarachnoid space.
CASE 10

The diagnosis was paraganglioma of the filum terminale. The tumor was negative on PTAH & GFAP staining but stained positively for neuron-specific enolase. These tumors are solitary, circumscribed and not associated with local seeding. They can be curved by surgical extrication. Additional radiation is not indicated.