Case 6

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Clinical Abstract: The patient, a 51 year old white male, was admitted to our hospital on 2/18/86 complaining of left-sided headaches of 2 weeks duration. Past history revealed that he had had a left superior segmentectomy for adenocarcinoma of the lung on 8/29/85 and a total gastrectomy for adenocarcinoma of the stomach on 9/16/85. Physical examination showed decreased acuity in the right eye, horizontal nystagmus, and rotary nystagmus on vertical gaze. An LP revealed clear colorless fluid under a pressure of 8 cm. The CSF contained 1 RBC and 3 WBCs. The glucose measured 81 mg% and the protein 68 mg%. The IgG-albumin ratio was elevated at 0.54. The fluid was sterile and no antigens were demonstrated. The admission CT was negative.

The patient’s symptoms worsened and a repeat CT on 2/20 showed an area of lucency in the left occipital lobe. On 2/21 the MRI showed a high signal lesion on the T2 weighted image in the same area. In the next week he developed several seizures and became progressively more confused. Visual and auditory evoked responses on 2/28 showed a left occipital and bilateral brain stem lesions. On 3/3 a repeat MRI showed an extension of the lesion on the left and new lesions in the right occipital lobe and pons. Angiography on 3/6 showed narrowing at the junction of the right vertebral and basilar artery and minimal irregularity. On 3/8 he became having continual headaches. His temperature rose to 102° and he became increasingly lethargic. A repeat CT scan on 3/12 showed no new lesions and an LP was negative. On 3/13 the patient was comatose. His temperature remained elevated, up to 106°. His pupils became fixed in the midline position and the doll’s eyes sign was negative. He expired on 3/15/86.

Autopsy Findings: Acute thrombosis of the basilar artery was found. The liver showed chronic persistent hepatitis which was first documented by biopsy in 1981.

Material Submitted: Gross photograph of brain; H&E and and unstained slide, both from the left lower occipital lobe; MRI obtained 12 days prior to death. TR=2.12 sec., TE=0.12 sec.

Point for Discussion: Etiology