CASE 1990-4

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Case reference number: MGH autopsy # 46019

Clinical history:
A 58-year-old woman had a 12-year history of myelofibrosis and myeloid metaplasia. Because of increasing RBC transfusion requirements, a splenectomy was performed on 9/28/89. At operation, a colovesical fistula was discovered. On 10/24/89, the colovesical fistula was excised and a colostomy was performed. Her post-operative course was complicated by shaking chills and fevers. Hematologic studies revealed a hematocrit of 27 with 16 nucleated RBC's/100 WBC, platelet count of 550,000, white blood cell count of 15,000 with 3% blasts, 4% metamyelocytes, 31% bands, 2% segs, 16% lymphocytes, 2% monocytes, and 42% abnormal neutrophils showing the Pelger-Huet anomaly. An abdominal CT scan showed a fluid collection posterior to the uterus; aspiration of the fluid yielded purulent material and cultures positive for enterococcus and alpha-hemolytic streptococcus. She was treated with antibiotics and drainage of the abscess fluid. She did well and was transferred to a rehabilitation hospital on 12/7/89. She had no neurological symptoms or signs, and neurological examination was normal. She died suddenly on 12/10/89.

Autopsy findings:
An acute infarct involved the ileum and right colon, and extensive acute and organizing pneumonia was present in the right upper and middle lobes. The marrow spaces were replaced by firm, tan tissue, and no marrow could be expressed. The liver was massively enlarged (3980 g.) and was a mottled, red-tan color. The distal right ureter contained multiple, smooth, less than 0.4 cm., white-tan nodules.

Neuropathological examination revealed bilateral thin, rust-colored subdural membranes, and one 2 X 2 X 0.2 cm. collection of old blood. Six smooth, white, round, firm, subdural nodules, each measuring less than 0.5 cm., were loosely adherent to the dural convexities bilaterally. Examination of the brain and spinal cord was otherwise unremarkable.

Material submitted: One kodachrome to illustrate the cut surfaces of the two largest subdural nodules; one H and E stained slide of nodules. The gross photo and H and E slide are of the same two nodules.

Point for discussion: Diagnosis