CASE 1

The diagnosis was Infective Vasculitis due to Bacillus cereus occurring in an immunocompromised host. This organism is a large gram positive rod which occurs in soil and is not considered to be a pathogen.


CASE 2

The gross lesion had a rubbery consistency. The infiltrating cells were polyclonal and included plasma cells and giant cells. Silver stains revealed spirochetes and the presenter's diagnosis was gumma. The question of the concomitant presence of lymphoma was raised.


Holowitz HW, Valsamis MP, Wicher V, et al. Cerebral syphilitic gumma confirmed by polymerase chain reaction in a man with HIV infection. NEJM, in press.

CASE 3

The diagnosis was Varicella-zoster encephalitis. Although the lesion resembles an infarct, it contains cells with Cowdry Type A intranuclear inclusions. Electron microscopy revealed virions consistent with herpes. Immunohistochemistry was positive only for VZV. The Bielschowsky stain showed some preservation of axons.


CASE 4

The diagnosis was Post-transplant Lymphoproliferative Disorder. The lymphocytes were predominantly beta cells. In situ hybridization was strongly positive for Epstein-Barr virus.


CASE 5

The presenter’s diagnosis was Familial Mitochondrial Encephalopathy. The discussion centered around the question of whether or not this is a form of Leigh’s disease.


CASE 6

The diagnosis was Choreoacanthocytosis.


CASE 7

The perivascular material did not stain with Congo Red but was positive with beta A4 antibody and electron microscopy revealed filaments consistent with amyloid. The presenter's diagnosis was amyloid angiopathy and intraparenchymal amyloid deposition. The hippocampus showed granulovacuolar degeneration. The silver stain showed no plaques in the cortex but numerous tangles were seen in small neurons stained with the tau antibody. The question of a variant of Alzheimer's disease was raised but most commentators did not think that this diagnosis was justified.


CASE 8

The diagnosis was cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy (CADASIL). The radiology and histopathology are that of Binswanger's disease.


CASE 9

The diagnosis was Galloway-Mowat Syndrome. This is an autosomal recessive migrational disorder.


CASE 10

This is an example of displacement of cerebellar tissue from herniated cerebellar tonsils. It is generally seen only in patients who have been on a respirator.