
1991: CSF: 3 WBC, 9 RBC, Pro 41, Glc 54, elevated IgG index (1.23) with oligoclonal bands. CSF cytology and VDRL negative; B12 levels normal.

1993: MRI of brain and spinal cord: T2 prolongation of subcortical white matter and C5-6 disc protrusion causing flattening of anterior portion of the cervical cord.

1996: Needed a cane and walker; was self-catheterizing for a spastic bladder. Exam: moderate spastic paraparesis with normal tone and strength of upper extremities. Questionable sensory level to pinprick and cold at T2-3 level but essentially neurologically unremarkable above that level.


8/2003: C6 incomplete quadriplegia (plegic LEs, 4/5 strength UEIs), neurogenic bladder and bowel.

PMH: Hepatitis, possibly EtOH-related; no smoking since 1970s; no drugs. Developed non-insulin dependent DM, hypertension, anemia of chronic disease, decubiti. Surgeries included urologic procedures, C5-C6 fusion/laminectomy for cervical stenosis (no benefit), L carotid endarterectomy.

Course: On admission, he was bed-bound with chronic indwelling catheter. He developed renal failure, tachycardia and died 6/23/04.

General Autopsy: Decubitus abscess, pneumonia, emphysema, dislocated L hip, atherosclerotic /hypertensive vasculopathy, nephrosclerosis, splenomegaly (400g), atrophy of skeletal muscle.

Neuropathology: The fixed brain weighed 1300 g. Coronal sections of cerebral hemispheres: marked dilatation of anterior horns, slight dilatation of the rest of the ventricular system. Heads of caudate nuclei had flattened contours; no other gross abnormalities of hemispheres, brain stem or cerebellum were noted. Spinal cord dura was normal; leptomeninges were slightly thickened. The cord was very atrophic; cervical and lumbosacral enlargements were less pronounced than normal; cauda equina nerve roots were thin. Transverse sections showed a narrow cord with gray discoloration of lateral columns especially at the thoracic levels.

Material Submitted: 1 H and E-stained and 1 unstained slide of different spinal cord levels

Points for Discussion: Diagnosis, Pathogenesis