Submitted by
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Clinical History
The patient was sixty-years-old when he died, 12 days after an episode of airway obstruction during a swallowing evaluation in June, 2009. The patient was born in Austria, had an engineering degree, and managed his own business. He played golf and soccer. He lived in RSA and Canada. His mother died of ALS.

At 56 years of age he developed partial complex seizures. MRI showed slight atrophy of mesial temporal lobes, and a cerebellar hemangioblastoma. A persistent and protracted neuropsychiatric symptom complex began to evolve including insomnia, suicidal ideation, panic attacks, tremors, unsteady gait, decreased social interaction, obsessions, weight loss attributed to compulsive exercising, and loss of sex drive. Seizure activity was difficult to control.

In 2008 he developed forgetfulness and disorientation. He had intermittent "good days", when he read newspapers, played cards and displayed a fluent speech. A vast number of hematological, biochemical and radiological studies gave normal results. By May 2009, the patient had severe memory problems. He had no abnormal movements or features of Parkinsonism. In June 2009, he began to experience choking episodes.

Additional Information
Brain weight was 1550 grams (fresh) and showed no significant atrophy. A cyst measuring 3.5 x 3 cm was found in one cerebellar hemisphere with an attached nodule and the histological appearance of hemangioblastoma.

Microscopic examination revealed:
1. AT-8 immunostain and Gallyas Ag impregnation: incipient AgG disease
2. α-synuclein immunostain: significant Lewy pathology in nigra with trace involvement of amygdale
3. TDP-43 immunostain: incipient proteinopathy in hippocampus and entorhinal area
4. No positivity for tau, α-synuclein and TDP-43 in neocortex.

Material Submitted
Any of sensory motor, frontal, temporal or parietal areas
Virtual Slide (click here)

Points for Discussion
1. What is the immunostain provided?
2. Diagnosis