

Canadian Association of Neuropathologists
L'Association Canadienne des Neuropathologistes

CASE No 1

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This 76 year old previously independent woman presented with a one month history of gradual functional decline, weight loss and increasing confusion. She was treated for a urinary tract infection and possible right lower lobe pneumonia, but continued to deteriorate. Her vital signs were stable and there was no evidence of neck stiffness, skin rash, lymphadenopathy or organomegaly. On neurological assessment she was disoriented to person, place and time and had difficulty following commands. Cranial nerve examination was unremarkable. There was mild symmetrical limb weakness and an equivocal left plantar response. Laboratory investigations revealed mild anemia and very high ESR (112) and C-reactive protein (37mg/L). CSF examination showed markedly elevated protein (1.39 g/L), normal glucose and cytology and negative microbiological analyses. Imaging studies showed multiple recent supratentorial infarcts, with preferential involvement of the subcortical white matter. There was no evidence of an embolic source, or of a coagulopathy and work-up for a systemic vasculitis was negative. There was a tentative working diagnosis of CNS vasculitis. The patient was treated with IV methylprednisolone, but she became increasingly encephalopathic, developed an aspiration pneumonia and died approximately three weeks following initial presentation.

Material Submitted: Hematoxylin-Phloxine-Saffron (HPS) stained section of the right parietal lobe

Question: Diagnosis ?