

**Canadian Association of Neuropathologists
L'Association Canadienne des Neuropathologistes**

CASE No 6

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This is the case of a 56 year old man with a longstanding history of heavy alcohol abuse (at least 750mL of Vodka per day), who lived alone in a camper in the bush in Eastern Ontario. In mid-July 2006 he presented to a community hospital with a two day history of epigastric pain, nausea, vomiting, diplopia, gait unsteadiness and diaphoresis. On admission he was clinically dehydrated, mildly pyrexial (37.9 °C) and was oriented but very anxious. He was unable to stand or walk because of 'unsteadiness' and reported diplopia on lateral and upward gaze. He was treated with Diazepam, thiamine and IV fluid replacement and transfer for formal neurological assessment was planned. He experienced visual hallucinations and fluctuating pyrexia (to 39.6°C) overnight. The following day he developed sinus bradycardia, followed by pulseless electrical activity cardiac arrest and died. Postmortem examination was performed at our institution and revealed bilateral bronchopneumonia and an acute plaque hemorrhage in the right coronary artery. The brain was grossly unremarkable apart from subtle mottling of the pontine tegmentum.

Material submitted: Hematoxylin-Phloxine-Saffron (HPS) stained coronal section of the diencephalon and rostral midbrain.

Question: Differential diagnosis?