

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

CASE No 3

J. Richardson and M.-C. Guiot

Department of Neuropathology, Montreal Neurological Institute and Hospital, Montreal, QC, Canada

This is a case of a 29 year old female who is originally from Nigeria with a past medical history of HIV which had been followed at the Royal Victoria Hospital. In the year 2000, she had active pulmonary tuberculosis, and this was the time she was discovered to be HIV positive. In 2004, she developed eosinophilia, for which no explanation was found. She was started on HIB therapy but stopped taking her drugs when she visited Nigeria in 2005. Following her return from Nigeria, she developed cerebral malaria, from which she recovered. In 2006, her viral load had been 0, and the last recorded CD4 reading was 587, taken in January 2008. Shortly before this in December of 2007, she had a 5 day history of fever, neck stiffness and headaches. She was admitted on May 9th with a 1-week history of headache and she was confused at this time. Meningitis was suspected and she was treated with antibiotics. A CT of the head showed diffuse effacement of the cerebral sulci bilaterally and mesencephalic effacement. She was transferred to the ICU where she had a high intracerebral pressure, but her Glasgow score was 14 and this gradually decreased. She died 2 days later.

Material submitted: 1 H&E stain of the brain

Question: Diagnosis?