

Canadian Association of Neuropathologists  
L'Association Canadienne des Neuropathologistes

CASE No 4

*Claire I. Coiré*

Trillium Health Centre, Mississauga, ON.

A 76-year-old male originally from India suffered a minor fall about 8 months prior to death. Investigations of increasing back pain revealed a compression fracture at T12-L1, which was initially treated with a back-brace. Admission to hospital and multiple investigations lead to a diagnosis of spinal TB - treated during his 6 months in hospital. While in hospital, he became drowsy and had difficulties in participating in rehabilitation. He was discharged home – in a drowsy state. Past medical health includes a progressive gait disorder, a diagnosis of normal pressure hydrocephalus 8-years prior to death, a diagnosis of Lewy Body Dementia given during admission for compression fracture at T12-L1, hypertension, hyperlipidemia, NIDDM, and past history of alcohol abuse. He died of respiratory and multi-organ failure. The family requested and was granted a coroner's autopsy because of concerns about care and query about the diagnosis of Lewy Body Dementia. The general autopsy showed DAD and aspiration pneumonia. The brain weighed 1320 g and was without focal lesions. There was mild cortical atrophy and the lateral ventricles were dilated.

Material submitted:

Glass slide - right middle temporal gyrus, stained with H&E.

Question: what is the diagnosis and differential diagnosis?