

CASE #8

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REFERENCE: 76A-119

The patient was a 55 year old White male watchmaker by trade who was admitted with the chief complaints of progressive weakness of his lower extremities and urinary incontinence. He had been in good health until eight years prior to admission when he developed urinary frequency and post-void dribbling which progressed to incontinence. He also became impotent at that time. Three years prior to admission, he noted the onset of difficulty in walking with progressive weakness of his lower extremities. He had a shuffling, stooped gait. He followed a progressively deteriorating course with increased weakness of upper and lower extremities to the point of lower extremity paralysis. He developed a slowly evolving sensory deficit in the lower extremities which became severe. He succumbed to sepsis. There were primary sites of infection in the urinary bladder and decubiti.

The general necropsy findings included bilateral bronchopneumonia, chronic pyelonephritis, calcific hilar lymphadenitis and bilateral apical pulmonary scarring.

The brain weighed 1370 gms. External examination revealed normal gyral configuration. The tissue, however, had a diffusely glassy appearance which was more obvious when coronal sections were examined. Coronal sections disclosed multifocal single and confluent areas of rarification, usually granular in consistency, throughout centrum semiovale with greatest concentration in fronto-parietal lobes. Arcuate fibers appeared intact.

There was a rim of depressed, firm, white glistening tissue, up to 0.3 cm. thick, surrounding the superior angles of the lateral ventricles and the superior aspect of the cerebral aqueduct. This periventricular gliosis was more prominent on the right side. The pontine base and medulla appeared reduced in size. It was difficult to define the cerebellar dentate nucleus. The middle cerebellar peduncle appeared reduced in substance. No focal lesions were seen in the cerebellum, pons or medulla. The lateral and third ventricles and cerebral aqueduct were moderately enlarged.

MATERIALS SUBMITTED: Slide stained with H & E.

POINTS FOR DISCUSSION:

1. Diagnosis.