CASE 1990-5

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Clinical History:

A 62-year-old white male was evaluated at The New York Hospital (NYH) for an asymptomatic anemia 12 months antemortem. His past medical history was significant for a myocardial infarction three years antemortem, and gout. The patient had a ninety pack-year history of smoking.

Initial evaluation included a bone marrow biopsy with aspirate and cytogenetic studies. The marrow was interpreted as refractory anemia with excess blasts (RAEB). Cytogenetic analysis revealed the following abnormalities: 5q-, iso 8q, and ring 8. For the first five months following diagnosis the patient required red cell transfusions every four weeks. As his transfusion demand increased, treatment with 6-thioguanine and cis-retinoic acid was initiated with little response. Physical exam at that time (6 months antemortem) revealed a palpable spleen. An episode of spontaneous epistaxis five months antemortem required surgical packing.

The patient's transfusion requirements increased in the ensuing two months to one unit packed cells/week. Three months antemortem the patient presented to NYH with a fever, cough and weakness. Physical exam was notable for a greatly enlarged spleen. A repeat bone marrow biopsy and aspiration were performed. Broad-spectrum antibiotic therapy and other medications were administered. Repeated epistaxis and oozing from catheter sites complicated this admission. He was discharged 1 month antemortem.

Nine days antemortem he presented with chest pain, left upper quadrant abdominal pain, fever, lethargy, and oral thrush. The WBC count was elevated and the platelet count markedly decreased. All blood cultures were negative. Four days antemortem the patient was described as disoriented. Two days antemortem, the patient was oriented to person only and had a nonfocal neurological exam. One day antemortem he was more lethargic. The patient suffered a cardiorespiratory arrest, and as per the his prior request no resuscitiative efforts were made.

An autopsy was performed.

Material Submitted: One H&E and one unstained slide from cerebral cortex

Points for discussion: Diagnosis