Case #5

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Reference: A 4-74

The patient was a 33 year old White male with a history of chronic, progressive renal failure since 1960. He had received a cadaver transplant in 1970, following which, he had been treated with Prednisone and Imuran. In November, 1973, he developed a flu-like syndrome associated with fever, headache and nausea. On physical examination, he had papilledema, and a lumbar puncture showed an opening pressure of 324 mm. H_2O. Chest x-ray showed nodular, confluent densities which increased in size rapidly over the next few days. A pleural effusion developed. He became progressively hypoxic and obtunded without focal neurological signs. Repeated taps of the pleural effusion were ineffective. A lung biopsy was performed, which was said to show pleomorphic lymphoma. He died following a six-week course in the hospital.

At autopsy, he had a necrotizing "lympho-proliferative" disease involving the lungs. Lymph nodes and spleen were spared. He also had end-stage kidneys and acute pyelonephritis of the transplanted kidney. Gross inspection of the brain revealed mild edema with opaque leptomeninges. Multiple coronal sections revealed many hemorrhagic grey lesions of cerebral cortex, which measured up to 1-1/2 cms. in diameter.

Microscopic Pathology: Slide is stained with hematoxylin and eosin.

Points for Discussion:

1. What is the disease process? Reticulum cell sarcoma (some variant of lymphoid granulomatosis)
2. How often does it affect the central nervous system?
3. What are possible etiologic factors?