

CASE 1997 - 3

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Clinical History:

An 86 year old hypertensive woman presented to the Massachusetts Eye and Ear Infirmary (MEEI) with weakness and visual complaints characterized by flashing lights and floaters of a few days duration. She was escorted to the MEEI by her son who noticed that her coordination that day was not as good as baseline and that she complained of "not feeling right". While awaiting evaluation in the clinic, she developed substernal chest pain and was rushed to the Massachusetts General Hospital (MGH) emergency room. The EKG revealed ST segment elevations in the inferior leads, and she was admitted with an inferior myocardial infarct. She received aspirin, sublingual nitroglycerin, oxygen, 5 mg intravenous metoprolol and intravenous heparin.

She was started on a lysis protocol with tissue plasminogen activator. Twenty minutes after the initiation of infusion, she developed abrupt onset of weakness in her right arm, cortical blindness and increasing back pain. An emergent head CT scan was negative for hemorrhage. The chest CT was notable for extensive mitral annulus calcification.

She was transferred to the cardiac care unit, where she continued to neurologically deteriorate and required intubation. She rapidly progressed to coma, hypotension and bradycardia, and died approximately eight hours after admission to the MGH.

Autopsy showed massive mitral annulus calcification, and severe aortic and coronary atherosclerosis.

Material submitted: 1 hematoxylin and eosin stained section

Points for discussion: Diagnosis