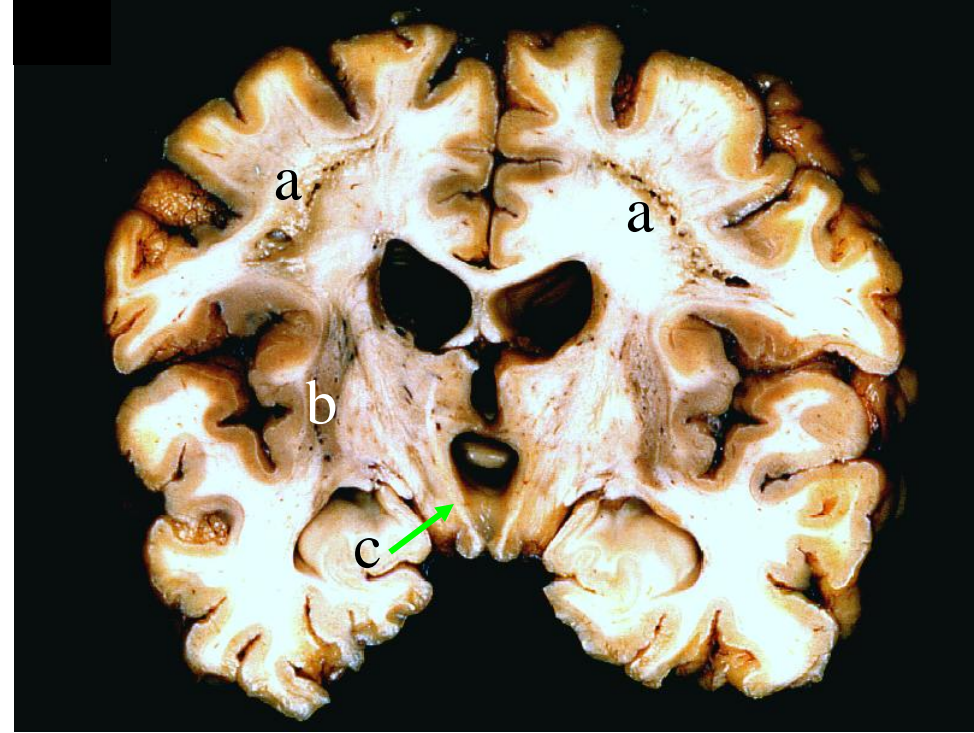
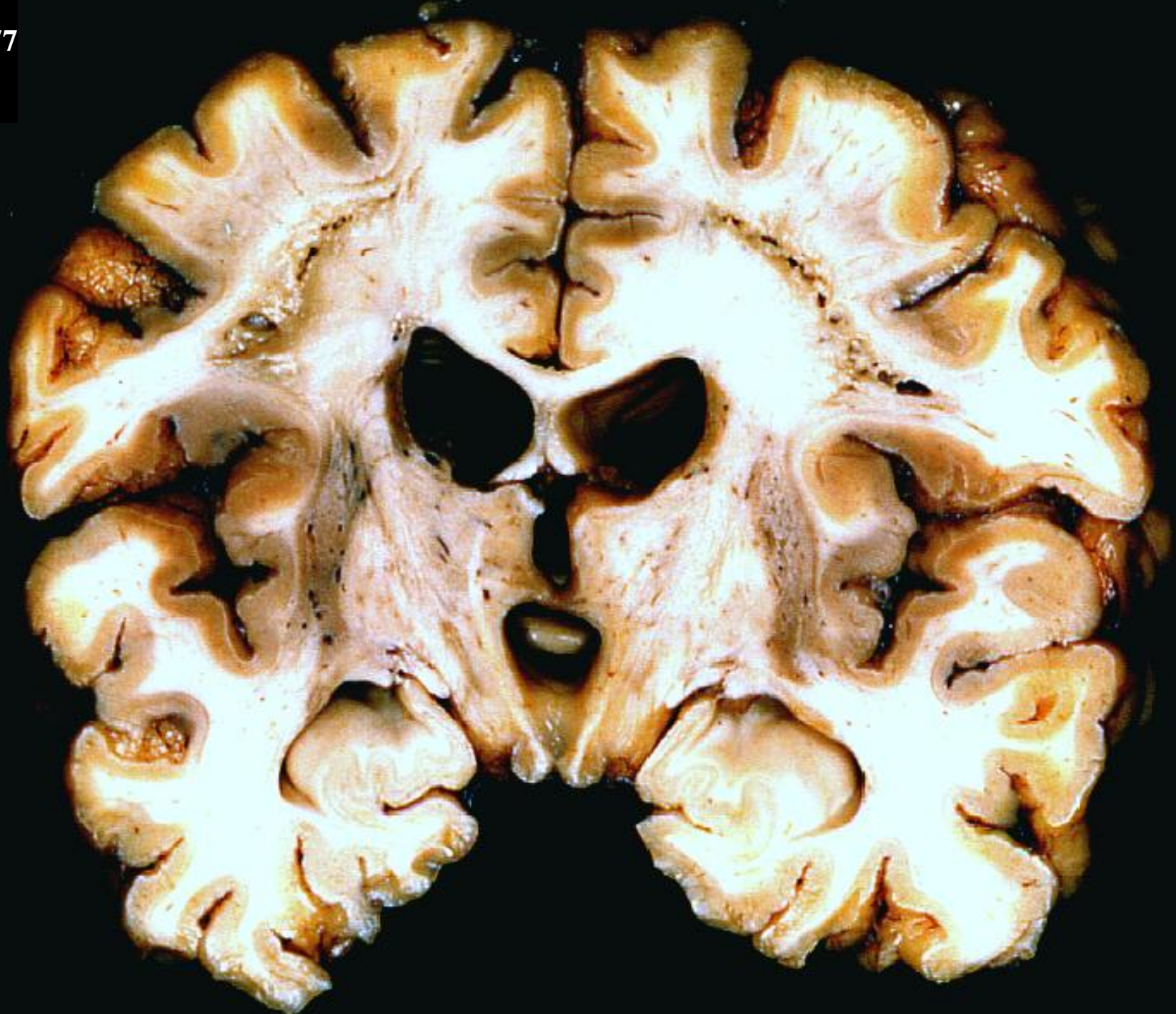


This is a brother of case 07.10. He died at age 5 years after a similar progressive course of illness which had onset at age 2 years. This provides an opportunity to see the same pathology in a more advanced stage.

The section shows a similar uniform white matter opacity while gray matter is atrophic. Symmetrical linear cavitations (a) occur in the central white matter where the abnormal storage material was most densely deposited. At this stage the putamen has a spongy appearance due to enlargement of perivascular spaces because of tissue atrophy (b). Many white matter structures such as the mam-millothalamic tract stand out conspicuously because of the abnormal sulfatide content (c).

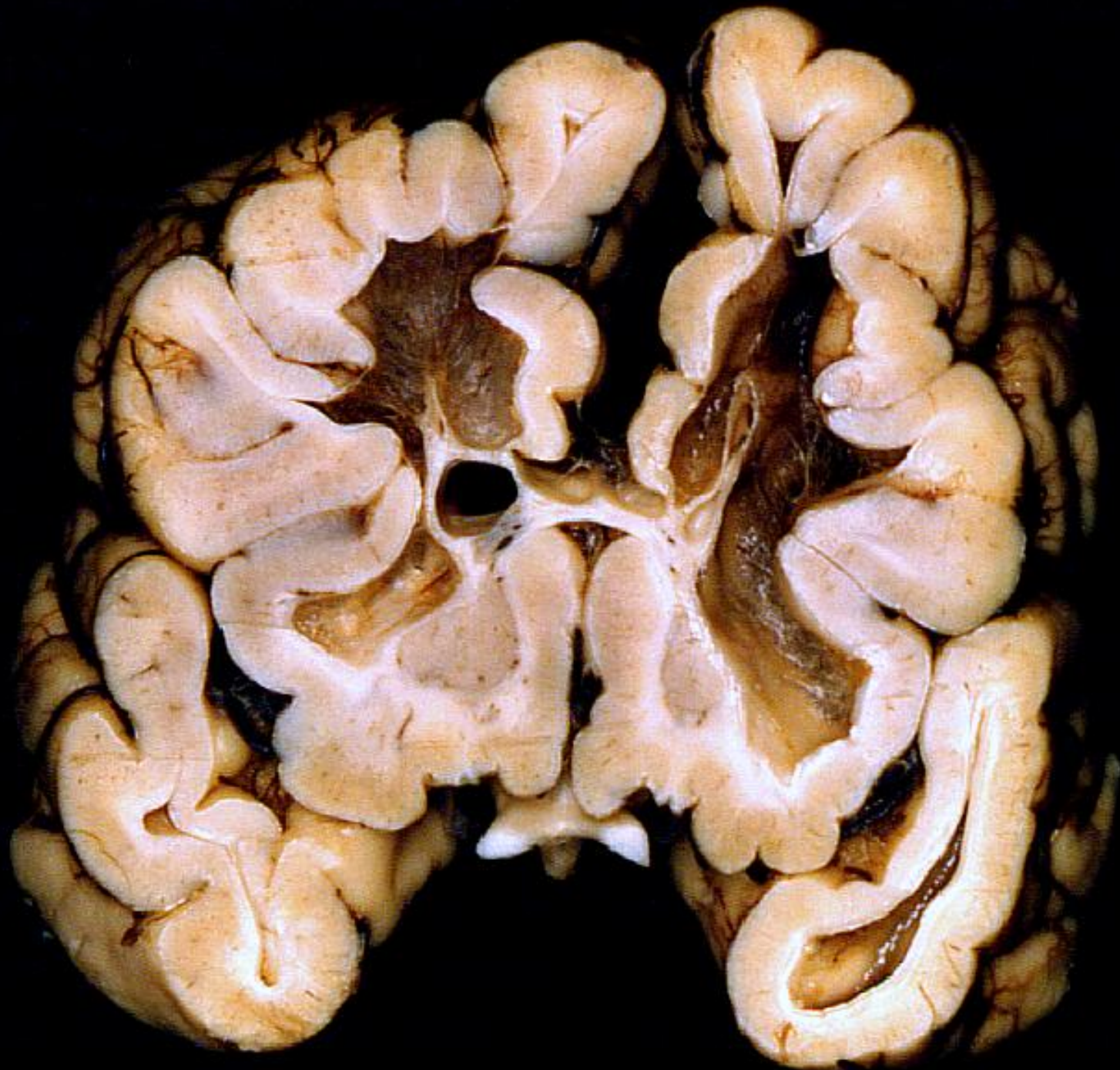


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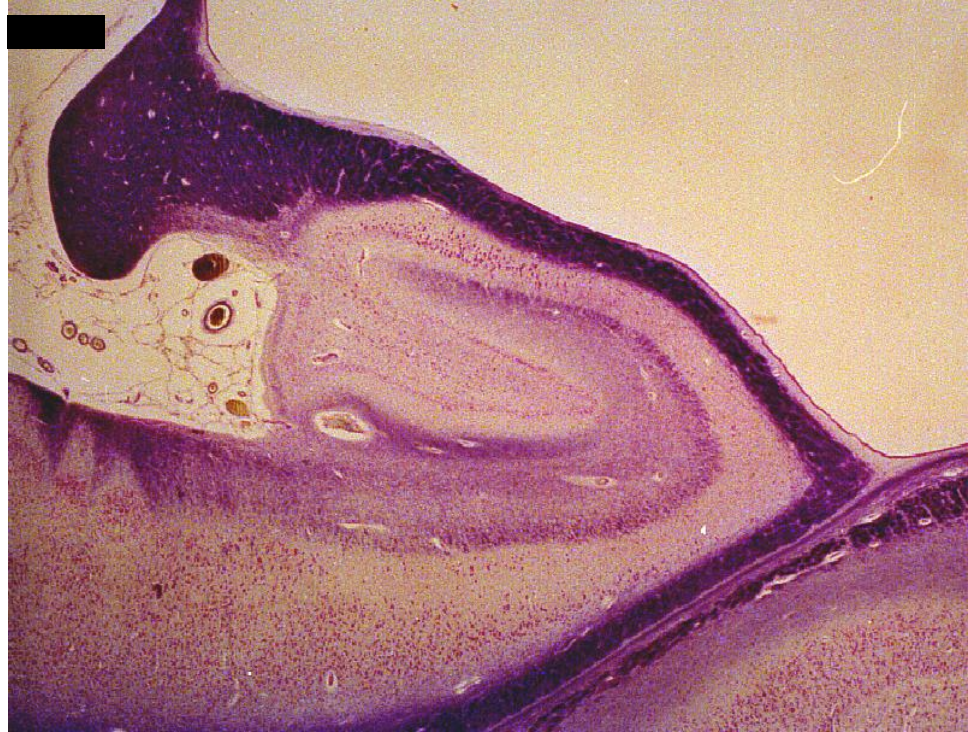


Another case of multicystic encephalomalacia in a 2 year old severely retarded girl. There was noted mild spasticity blindness and microcephaly. She had epileptic seizures. The brain at autopsy was microcephalic with weight 420 gm. The brain section shows near complete dissolution of the white matter leaving little more than fine blood vessels traversing the space between the poorly supported cortex and the thickened ependymal lining of the ventricles.

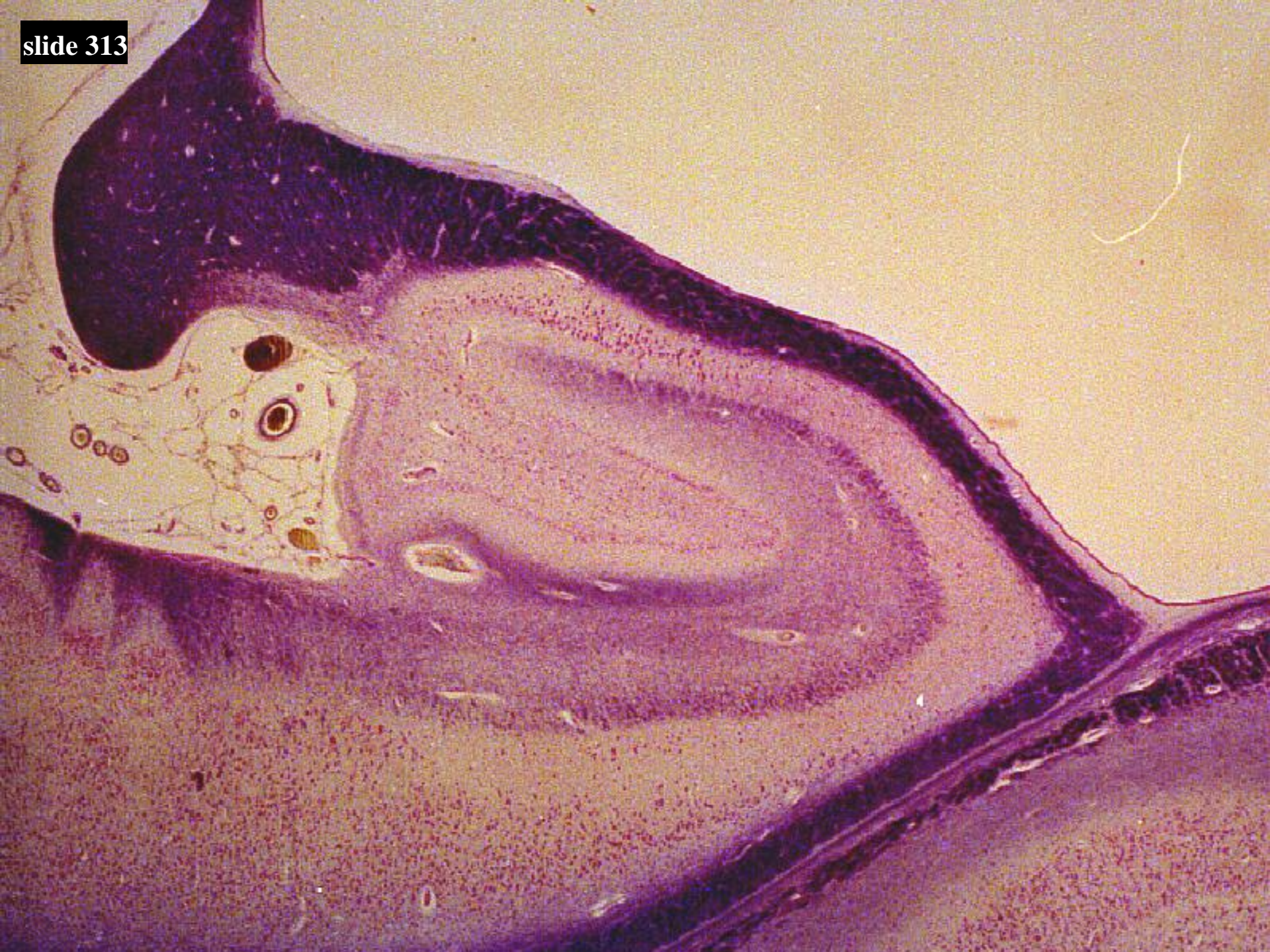




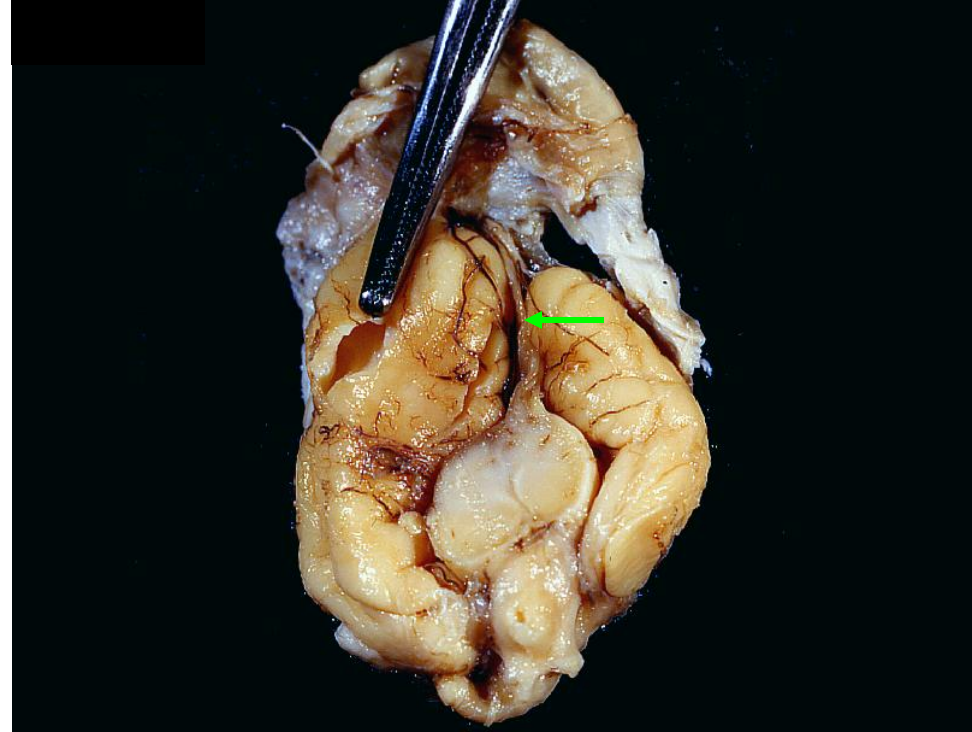
This is the hippocampus of a 2 year old child who suffered anoxic episodes associated with uncontrolled epileptic seizures. A large segment of complete nerve cell loss is seen in the lateral portion of the structure occupying most of the Sommer sector. The end plate shows incomplete nerve cell loss. The intervening resistant zone is spared.



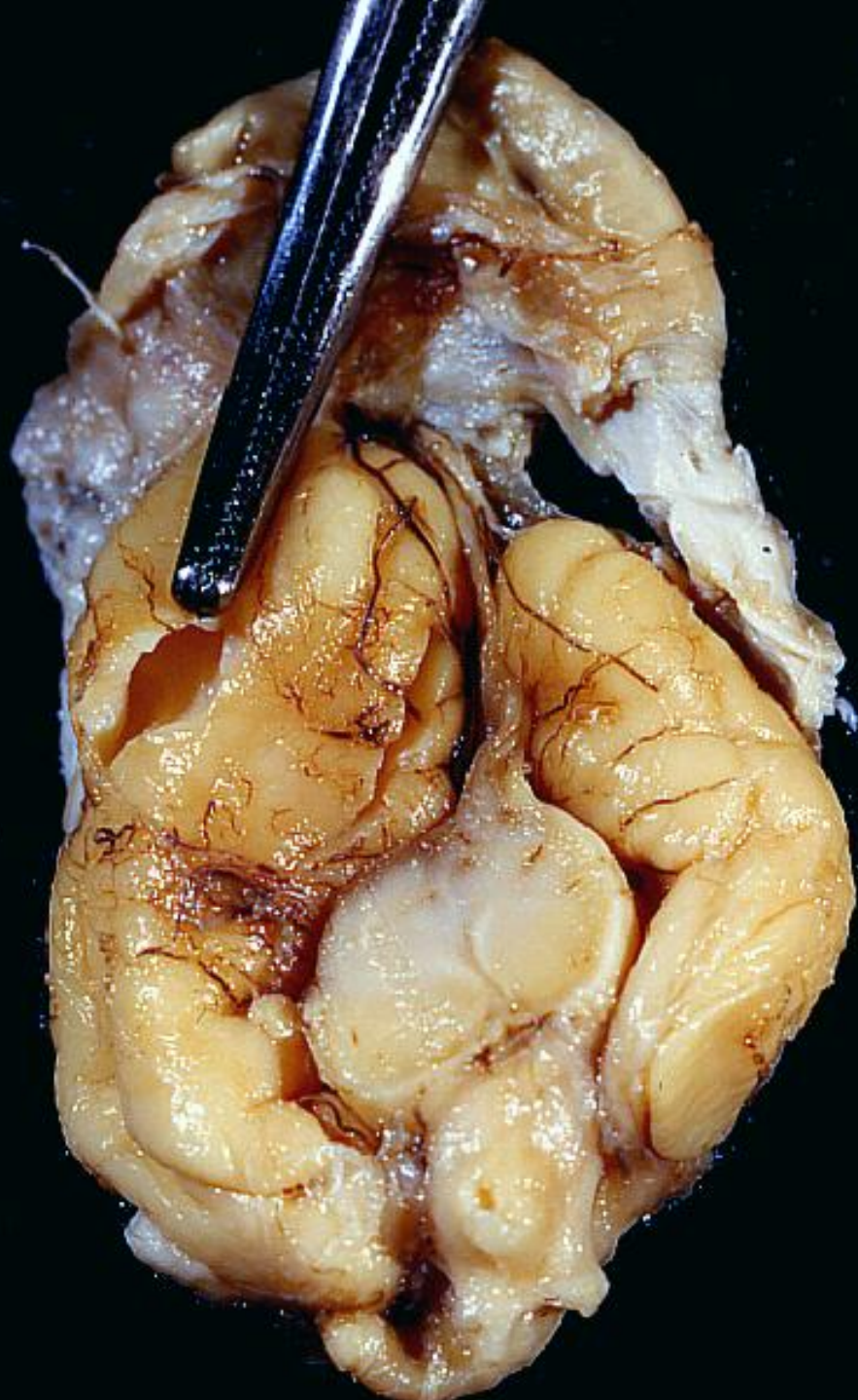
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This extremely small and under developed brain shows aqueductal stenosis and the malformed tectum tapers dorsally giving rise to a long fiber bundle which becomes attenuated and lost above the corpus callosum (arrow). These fiber-like bundles are important because they establish that at least some cases of aqueductal stenosis are part of a primary tectal anomaly and not merely the result of mechanical distortion secondary to the hydrocephalus.



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| PITUITARY ADENOMA <input type="checkbox"/> | 273 |
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UNIT 6

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UNIT 7

DEMYELINATING DISORDERS

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| SYPHILITIC INFECTIONS | <input type="checkbox"/> | 709 |
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| SARCOIDOSIS | <input type="checkbox"/> | 733 |
| VIRAL ENCEPHALITIS | <input type="checkbox"/> | 735 |
| CREUTZFELDT-JACOB DISEASE | <input type="checkbox"/> | 753 |
| COCCIDIOIDOMYCOSIS | <input type="checkbox"/> | 763 |
| CRYPTOCOCOSIS | <input type="checkbox"/> | 769 |
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| HISTOPLASMA CAPSULATUM | <input type="checkbox"/> | 783 |
| CANDIDA ALBICANS | <input type="checkbox"/> | 785 |
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UNIT 11

TRAUMATIC DISORDERS

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