

CASE NUMBER: 03F-63-A2.3-24

DATE: Aug 15, 2003

MORPHOLOGIC DIAGNOSES:

Slide 19, A2.3-24-1:

1). Adipose tissue: Peritonitis, moderate, focally extensive, granulomatous, chronic with papillary and filariform mesothelial hyperplasia

There are no significant lesions in the kidney, spleen, heart, peripheral vasculature, pancreas or peripheral nerves.

Slide 20, A2.3-24-2:

There are no significant lesions in the anterior kidney, liver, spleen, heart, peripheral vasculature or peripheral nerves.

Slide 21, A2.3-24-3:

1). Liver, hepatocytes: Degeneration and necrosis, mild to moderate, multifocal, random, acute

There are no significant lesions in the anterior kidney, spleen, heart, peripheral vasculature or peripheral nerves.

Slide 22, A2.3-24-4:

1). Kidney, hematopoietic tissue: Nephritis, moderate, multifocal, necrotising acute
2). Spleen: Splenitis, moderate, diffuse, necrotising, acute

There are no significant lesions in the heart, peripheral vasculature, liver or peripheral nerves.

Slide 23, A2.3-24-5:

There are no significant lesions in the kidney, liver, spleen, heart, peripheral vasculature, or peripheral nerves.

Slide 24, A2.3-24-6:

1). Liver, capsule: Peritonitis, marked, diffuse, fibrinonecrotising, subacute with scattered intralesional cocci
2). Liver: Hepatitis, moderate, focally extensive, laminar, necrotising, acute

There are no significant lesions in the kidney, spleen, heart, peripheral vasculature, or peripheral nerves.

COMMENTS:

In 3 of 6 slides, the necrotising and inflammatory processes noted within select viscera are suggestive of an infectious etiology. Although close evaluation of slides 21 and 22 failed to reveal any discernible pathogens, in slide 24, the intralesional cocci are considered significant. It is difficult to resolve whether all 3 slides represent progression

of the same disease process or distinct pathologic entities. If fresh tissue is available, follow up culture, immunofluorescence, or molecular studies (polymerase chain reaction) are recommended to identify this pathogen. The abdominal inflammation noted in slide 19 is consistent with a vaccine induced peritonitis, which would not have contributed significantly to antemortem morbidity.

FINAL REPORT