

7 March 2007

Dr Michael Skeehan
Ascot Vale Health Centre
73 Union Road
ASCOT VALE VIC 3032

Dear Michael

Re: **COLLINS, Bridget**
University of Melbourne No.: 06/1052

Brain weight 1032g. External examination of the brain is unremarkable. The Circle of Willis shows minimal atheroma. There is generalised atrophy. On serial coronal sectioning there is generalised atrophy of the cortex, most marked in the hippocampus and temporal lobe. The underlying white matter also shows a minor degree of atrophy. Basal ganglia and diencephalon are unremarkable. Within the cerebellum there are two 1cm well circumscribed nodules in the superior lateral aspect that are grey white and firm. Elsewhere the cerebellum is unremarkable. Parasagittal sectioning of the brain stem are unremarkable.

Also separate within the container is 40 x 30mm yellow cystic mass lesion.

Section frontal, temporal, parietal and occipital cortex show similar features with marked neuronal loss associated with gliosis, numerous amyloid A β plaque and numerous neurofibrillary tangles and neuritic thread formation. There is underlying secondary degenerative changes in white matter. Within the cerebellum there is evidence of metastatic adenocarcinoma, with secondary degenerative changes in white matter. Basal ganglia structures show calcification of the vessels of the globus pallidus and lipohyalinosis. The pons and medulla are otherwise unremarkable. There is patchy congophilic amyloid angiopathy.

Diagnosis:

1. Severe Alzheimer's disease.
2. Metastatic adenocarcinoma involving cerebellum.

Comment: The morphologic features of the adenocarcinoma would be in keeping with a breast primary.

Yours sincerely



Professor Catriona A McLean MBBS, BSc, FRCPA, MD
Consultant Neuropathologist and
Director, Australian Brain Bank Network.

cc. Dr Bruce McClure, Margaret Street Clinic, 44 Hall Street, Moonee Ponds Vic 3039