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alcoholic liver disease. The patient was found unresponsive at home with bloody oral secretions and evidence of head trauma. On autopsy all lung lobes demonstrated that large and small airways and alveoli were filled with vegetable matter, associated with prominent bacterial and fungal forms. EVG stain demonstrated vascular disruption with red blood cell extravasation, next to a focus of aspiration pneumonia. This explained the patient's "bloody oral secretions", originating from the respiratory tract. Demonstration of fungal hyphae in sections from lungs as well as necrotic colon was consistent with disseminated fungal sepsis. While sections from esophagus showed no varices which could explain the patient's "bloody oral secretions" in the setting of alcoholic liver disease, there were numerous dilated esophageal submucosal cysts. Cysts were lined by a single to double layer of cuboidal epithelium with eosinophilic cytoplasm and basally-located, bland-appearing nuclei.

Conclusion: In summary, we present a rare case of esophageal retention cyst associated aspiration pneumonia complicated by pulmonary hemorrhage, adding to the growing body of knowledge regarding fatal complications of these usually incidental lesions.

A Case Report of Autopsy: Large Mass of Pulmonary Metastatic Calcification in a Patient with End-Stage Renal Disease

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Introduction/Objective: Metastatic calcifications are reported in patients with end-stage renal disease (ESRD) in radiology literature but there are no pathologic reports regarding this clinical scenario in autopsy.

Methods/Case Report: We report the case of a 27-year-old African American man with nephrotoxic injury secondary to gentamicin treatment at a young age leading to ESRD requiring dialysis who then later developed congestive heart disease and arrhythmia. Prior to the patient's last hospitalization, he had normal breath sounds with no signs of respiratory distress, rales, or wheezing. Imaging of the chest showed a patchy density in the right lung and a large parenchymal calcification. During autopsy, the patient was found to have bilateral markedly small and atrophic kidneys (left kidney weight: 27.5 g, size: 5.7 x 4.4 x 3.0 cm and right kidney weight: 30.6 g, size: 5.9 x 4.4 x 3.1 cm). Microscopically, the kidneys showed diffuse global glomerulosclerosis, atrophy of cortex, severe interstitial fibrosis, and tubular atrophy with thickened arteries as well as many foci of calcifications. A large mass measuring 3.5 x 2.4 x 1.9 cm was

identified in the right middle lobe of the lung. Sections of the mass revealed large calcifications which were confirmed microscopically. In addition, concentric heart hypertrophy was identified with heart weight of 925 g and left ventricle measuring up to 2.2 cm. Calcifications (ranging from 0.2 – 0.5 mm) were also identified on the left atrial wall as well as a 1.2 x 0.8 x 0.6 cm mitral valve nodule along with additional microcalcifications within the myocardium.

Results (if a Case Study enter NA): NA

Conclusion: In conclusion, our autopsy case supports previous radiologic reports that metastatic calcification can be dramatically present in the lung in patients with ESRD.

Echogenic Intestine: a Case of Intrauterine Fetal Demise at Term

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Introduction/Objective: Parvovirus B19 is a non-enveloped, single-stranded DNA virus that preferentially infects early erythroids, and is commonly associated with second trimester hydrops fetalis. Third trimester non-hydrops intrauterine fetal demise due to parvovirus B19 infection with associated pathologic changes has rarely been described, particularly in the context of IgG seroconverted mother.

Methods/Case Report: We present a case of a 37 weeks' gestation stillborn female fetus born to a 29 year-old mother who presented with lack of fetal movement for one day. Fetal ultrasound demonstrated diffuse intestinal echogenicity. Maternal parvovirus B19 IgG level was high (5.48, reference: <=0.90 Index). Postmortem examination revealed a non-dysmorphic fetus. Gross examination was unremarkable. Microscopic examination of small intestine revealed mucosal inflammation and multifocal calcifications. Prominent extramedullary hematopoiesis was present in the liver. Viral cytopathic effect was noted microscopically within nucleated red blood cells present intravascularly within chorionic villi, small intestine, liver, and spleen. Parvovirus B19 infection was confirmed by immunohistochemistry.

Results (if a Case Study enter NA): NA

Conclusion: The cause of clinically puzzling intrauterine fetal demise at term with prominent intestinal echogenicity on ultrasound was determined to be parvovirus B19 infection on postmortem examination. We emphasize the possibility of this diagnostic differential in non-hydrops, third trimester fetal demise in presence of maternal IgG seroconversion and lack of signs of active infection.