Report on a patient with a MMSE score of 17 that participated in the Bapineuzumab (AAB-001) passive immunization clinical trial. MR images of the brain show evidence of bilateral symmetrical non-specific senile atrophic changes. There was no evidence of white matter disease. He received two infusions at the highest dose of Bapineuzumab and MR imaging revealed vasogenic edema following the second infusion, of which the patient was asymptomatic. Clinically, the patient showed progressive, gradual decline in function with a MMSE of 8 measured just 6 month prior to death. Nine months after the second infusion, the patient came to autopsy. At autopsy, sufficient neuropathology for a diagnosis of AD with Lewy body disease was observed and the patient was a Braak & Braak stage VI, and ApoE 3/4. Aβ plaques were significantly reduced in most brain regions examined relative to comparison other AD cases not treated with Bapineuzumab. Tangle pathology was unaffected in the frontal cortex, however in agreement with Boche et al. 2010, there appeared to be a reduction in neuropil threads and dystrophic neurites. HLA-DR-immunoreactive activated microglia were seen in abundance within cerebral cortex and white matter, with the amygdala being significantly affected. This case report shows that even short duration passive immunotherapy may lead to plaque clearance, however prominent T cell infiltration 9 months after the last antibody infusion may indicate that dosing may need to be reduced to decrease the risk of adverse events in response to passive immunotherapy in AD patients.