The section is from the cerebellum. Diagnoses in this case (AFIP Acc. 320142) included platybasia, probable Arnold-Chiari malformation, and secondary hydrocephalus.

The patient was a 37-year-old sergeant in the United States Army. He was admitted to hospital 28 September 1958 for evaluation of episodic vertigo associated with head pain which first appeared in August 1958. The first indication of trouble occurred while he was taking a shower; it seemed that the room suddenly revolved and he fell to the floor. He was up again in a few minutes. Two weeks later he had another episode of vertigo, and during the attack he had blurred vision. From early November onward, attacks occurred almost daily and lasted as long as 4 to 6 minutes. Between attacks the sergeant felt "fine." He denied vomiting. There was definite facial asymmetry. "Cerebellar" signs were not elicited. Lumbar tap revealed an opening CSF pressure of 380 to 390 mm. Hg. Ventriculogram revealed symmetrical dilatation of both lateral ventricles and of the IIIrd ventricle and aqueduct. On suboccipital craniectomy the arch of the first cervical vertebrae was removed. No abnormality was found in the posterior cranial fossa. The patient was returned to the ward in good condition. A few hours later he suddenly died (4 Dec. 1958).

There was no family history which seemed pertinent. The brain weighed 2400 gm. The cerebrum showed nothing beyond ventricular dilatation. Nor was anything abnormal remarked about the cerebellum grossly. There was "a moderate degree of platybasia of the shallow posterior fossa...as well as a prominent odontoid process. This may possibly have caused a pressure on the brain stem."

References to the pathological condition presented are the following:


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