Submitted by: John J. Kepes, M.D., Department of Pathology and Oncology, University of Kansas Medical Center, Kansas City, Kansas 66103

Case reference number: KUMC S-89-12357

Clinical history: This 69 year-old gentleman developed left sided facial paralysis 4 weeks prior to admission, this was followed by gradually worsening numbness of the left hand and the inability to carry out fine movements with that hand. He had a long history of being a heavy smoker, and had a 15 lb. weight loss over the last 3-4 months. On examination he was alert and oriented. The visual fields showed extinction on the left side to double simultaneous stimulation. CT scans showed a round mass superficially located in the right parietal lobe with massive edema surrounding the mass at its deep aspects. Craniotomy with excision of the mass was performed.

Material submitted: 1. H&E stained section of the surgical specimen.
2. CT scan of the head with enhancement.

Points for discussion: 1. Diagnosis.
2. Significance of individual histologic features of this case.