AANP Slide Session 1972

CASE 1

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Ref. No. 304-38-54

The patient is a 28-month-old Caucasian male who was initially admitted in December, 1969, with a history of having had a seizure that day followed by drowsiness. Six weeks prior to this the patient sustained a mild head injury. Examination revealed a faded midfrontal bruise, enlarged left pupil and a moderately drowsy child. There were no other focal abnormalities. A left carotid angiogram showed a large left frontal avascular mass. Emergency craniotomy was performed, evacuating a large frontal intracerebral hematoma. Recovery was uneventful, and the patient was discharged ten days later, essentially asymptomatic.

Three weeks later he was readmitted because of irritability, nonspecific involuntary movements of the right upper extremity and right lower extremity. Clinical examination revealed bilateral early papilledema and a mild right hemiparesis. A repeat carotid angiogram again revealed a large left frontal avascular mass. Second craniotomy was done on May 13, 1970, revealing a large left frontal cavity, containing altered fluid blood. This was surrounded by what appeared at the time grossly to be degenerated tumor tissue.

The patient was referred to Radiation Therapy, and on April 8, 1970, began treatment to whole brain of 4000 rads in 32 days. After the initial treatment an additional 2000 rads was given to the frontal areas.

The patient was readmitted approximately one year later with restlessness, lethargy and vomiting. He was taking Cytoxan 75 mgms. per day. He had begun having seizures six months after surgery which, despite medication, had become more severe. Repeated surgery was performed with removal of additional tumor, but the patient deteriorated and died one month after admission.

Gross Pathology: A Kodachrome illustrates a typical coronal section.

Microscopic Pathology: An H & E stained and an unstained section are submitted.

Points of Diagnostic Discussion:

1. Diagnosis.
2. Usual history and possible therapy of the lesion.

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