Case #8

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Reference: ACN 73-45 H.C. Moffitt Hospital

A 57 year old male was well until 1965, at which time, he had several skin tumors (clinically felt to be basal cell carcinomas) removed from the right side of his face by cryotherapy. No histopathological examination was performed. Approximately five weeks later, he noticed a burning pain on the right side of his face. This persisted for the next six months, during which time a right facial paresis developed, eventually necessitating a tarsorrhaphy. The right facial weakness and hypesthesia remained. CSF protein was 50 mgm%, and arteriography and pneumoencephalography were not helpful. Diplopia on right lateral gaze became prominent in 1970 and in 1971, he developed decreased hearing and tinnitus on the right along with gait imbalance. Examination revealed right facial motor and sensory deficit, total right external ophthalmoplegia, diminished hearing on the right, hoarseness, difficulty swallowing, atrophy of the right side of the tongue, and an ataxia on right finger-to-nose testing. Repeat pneumoencephalogram suggested an irregularity of the right basis pontis, but a posterior fossa exploration disclosed only atrophy of cranial nerves V through VIII. Biopsy of the cerebellar flocculus including leptomeninges was normal. Subsequently, swallowing difficulties became more pronounced, requiring nasogastric tube feedings. In November, 1972, additional findings included failure of abduction of left eye, fixed right pupil, sternomastoid atrophy on the right, and a positive Romberg. He then received 5000 r over a 42 day period to his brainstem. However, the symptoms progressed to almost total left ophthalmoplegia, and increased difficulty handling secretions. He expired three weeks following the completion of the course of radiation therapy. Postmortem examination showed no systemic neoplastic process. Severe bronchopneumonia was the only significant finding outside the cranial cavity.

Meninges overlying the midbrain, pons and medulla were tough, white and thickened as much as 0.5 cm. in some areas. They engulfed and obscured the basal vessels and the cranial nerves. Moderate ventricular dilatation and a granular appearance to the ependymal surface were also noted. There was a 1.0 x 1.0 x 1.5 cm. cavity involving the right middle cerebellar peduncle and basis pontis including some exiting fibers of the right Vth cranial nerve.

Most of the distributed slides demonstrate the leptomeningeal infiltrate and the solitary cavitary lesion. In some, only the meningeal change is present. There is one slide stained with H & E and one unstained section.

Points for Discussion:

1. The nature of the cellular infiltrate.
2. Possible relationship to the removal of the facial lesions eight years previously.