

CASE 6

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This 14-year-old boy developed right hemiparesis and dysphasia nine months before his death. The process evolved over a period of about three weeks. At that time skull films, left carotid arteriograms and electroencephalogram were normal. His status remained unchanged until six months later when some suggestion of long tract signs was detected on the left. Three weeks prior to death the patient became confused, progressively lethargic, complained of headache and double vision and was vomiting. In addition to the mentioned neurologic deficits the examination revealed paresis of vertical gaze, and definite long tract signs on the left. CSF examination revealed 70 white cells with 29% of polymorphonuclears and 71% lymphocytes, 36 RBC, glucose 100 mg%, protein 70 mg%. The radiological studies (brain scan, pneumoencephalogram and vertebral arteriogram) showed a mass lesion within the area of thalamus measuring 3.5 cm in diameter. A left temporal craniotomy was carried out, a ventriculo-cisternal shunt established and tissue from thalamus and cerebral peduncle obtained for biopsy. The patient died seven days after the operation. A complete autopsy was performed.

Submitted is: The slide from the surgical specimen.

Point for discussion:

The diagnostic problem.