

## 46<sup>th</sup> ANNUAL DIAGNOSTIC SLIDE SESSION 2005

### Case 2005 #10

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#### **Clinical History:**

The patient is a 25 year-old right handed female with one month history of headache, double vision, and slowness of thought and speech. She had also reportedly lost her appetite and significant weight. She had had a motor vehicle accident two months prior to this admission. She was seen in an outside ER, where on exam, she had difficulty finding words, but did answer questions appropriately. Her visual fields were intact to confrontation. Cranial nerve testing, peripheral motor and sensory exams, and examination of her reflexes showed no deficits. Head CT at the outside institution showed a bi-frontal intraparenchymal mass which heterogeneously enhanced. She was transferred to Medical University of SC for definitive care, where a subtotal resection was performed. Three days after surgery she developed lower extremity weakness with anterior cerebral artery distribution hypodensities on CT; the weakness improved slightly with a hypertensive hypervolemic hemodilution protocol. A percutaneous gastrostomy tube was required for dysphagia and she was unable to initiate speech. She spent several weeks in the transitional care unit postoperatively, during which time radiation therapy was begun, and was eventually discharged from there, intact neurologically. On the resected material received in pathology, immunohistochemical stains and ultrastructural evaluation were performed.

**Material submitted:** One H&E stained section, one unstained section

#### **Points for discussion:**

1. Differential diagnosis