

CASE 6

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This 40 year old woman had a one-year history of episodes of "numbness" or decreased sensation involving the right side of the face, tongue, teeth and abdomen. These were associated with weakness of the right arm and each episode lasted up to twenty minutes. Abnormal laboratory studies included the following: ESR - 58 mm/hr, gamma globulin 2.64 gm% (top normal 1.36 gm%), alpha - 1, globulin 0.26 gm% (top normal 0.25 gm%), moderately positive test for anti-nuclear factors. Roentgenograms of the skull revealed increased vascular markings on the left side and a pineal shift of 5 mm toward the right side. All other bone films were normal. Subsequent diagnostic studies indicated the presence of a tumor in the left posterior parietal region. At surgery, tumor was found attached to under surface of the dura. It compressed the brain and extended to within 1 cm of the sagittal sinus. It thinned out in all directions in en-plaque fashion to involve all exposed edges of dura. Because of vigorous bleeding and the large extent of the tumor, total removal was not attempted. About a week following surgery the seizure activity in the right upper extremity recurred and was treated with anticonvulsants. Repeat serum electrophoresis, bone survey and bone marrow studies revealed no abnormalities. Radiation therapy (4000 rads - tissue dose) was given. Prednisone was also given for 2-3 months. She has done well since surgery and to date (8 months post-op) shows no evidence of disseminated disease.

One H & E section and an unstained slide are submitted.

Points for discussion:

1. Diagnosis
2. Origin of tumor in this location
3. Prognosis