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DEPARTMENT OF PATHOLOGY

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HISTORY: The patient was a 73 year old female. At age 64 she had a carcinoma of the cervix which was treated with irradiation. 4 years later she incurred a fracture of the right hip but thereafter remained well until age 72 when she began experiencing difficulty with swallowing. Neurological examination revealed inability to look upward and to the right, weakness of the right lower face, deviation of the uvula to the left, a vocal cord paresis, diminished gag reflex and hyper-reflexia of the left arm and leg. It was felt that the patient had some type of neoplastic lesion involving the brain stem. Irradiation therapy was planned but before it could be initiated the patient's symptoms began subsiding and neurological examination 1 month later was essentially within normal limits. She was discharged to a nursing home and for several months got along without any major difficulty. 3 months later, she had fever followed by gross unresponsiveness which developed rapidly over a period of a day or two. On physical examination on readmission her head was constantly turned to the left and she was unable to move her right arm and leg. There was a horizontal nystagmus with a slow component to the left. Further findings included right lower facial weakness, a diminished right corneal reflex, absent gag reflex on the right, increase of deep tendon reflexes on the left, positive bilateral Babinski's reflex, nuchal rigidity, a positive Kernig's sign, and bilateral bronchopneumonia. Spinal fluid examination showed normal pressure, protein 129, sugar 69, chlorides 113, 4 red cells and 3 white cells. The patient's course was continuingly downhill and she expired.

AUTOPSY EXAMINATION: There was bilateral bronchopneumonia. No evidence of tumor recurrence was found. The swollen brain weighed 1310 gm. The base was soft gray-brown and ragged. A granular gray-pink, generally firm but focally softer, fairly well demarcated mass replaced the medial portion of the left temporal, parietal, and occipital areas. The left thalamus and internal capsule as well as the left cerebral peduncle were also involved; tumor tissue extended along the tegmentum of the pons almost to the medulla. The dorsum of the pons was soft and hemorrhagic. The pineal gland could not be identified. A 3 cm. area of recent softening involved both cortex and white matter of the superior medial portion of the left occipital pole.

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