

Slides 10A and 10B CASE SUBMITTED BY DR. R. A. CIASEN  
PRESBYTERIAN-ST. LUKE'S HOSPITAL  
CHICAGO, ILLINOIS

CLINICAL HISTORY: This 68 year old female was readmitted to the Hospital with complaints of diplopia, dizziness and nausea of five days duration. Twenty two months prior to admission the patient had a right radical mastectomy for carcinoma of the breast. This was followed by radiation therapy because of positive axillary lymph nodes. Three months later she had a bilateral oophorectomy.

PHYSICAL EXAMINATION: The patient was described as a well-developed, well-nourished, pale, white female. The pupils were equal and reacted to light and accomodation. There was nystagmus on lateral gaze, more to the right. Convergence of the eyes was poor and the discs were flat.

HOSPITAL COURSE: While in the hospital the patient developed coarse nystagmus on left lateral gaze, a left lower facial weakness, adiadochokinesis of the right hand and foot and a poor finger-to-nose test on the right. She complained of severe dizziness. Therapy included analgesics and meticorten for cerebral metastases. She expired of pneumonia in the 8th hospital week.

POSTMORTEM FINDINGS: There was considerable metastatic tumor in the lungs and mediastinal lymph nodes. Incidental findings included a large tubular adenoma of the left kidney and two 0.5 cm. meningiomas, one located on the right supra-orbital ridge and the other over the occipital bone at the midline. On sectioning of the fixed brain no gross tumor was seen. Both dentate nuclei appeared shrunken and atrophied, but this was more prominent on the right. The degenerative changes seen on the accompanying slides were confined to the white matter of the cerebellum, the fibers surrounding the olivary nuclei of the brain stem, and the pons. The brachium conjunctivum showed demyelination and fiber degeneration not accompanied by the macrophage reaction seen elsewhere. There was a single microscopic focus of metastatic tumor in the pons.

