

CASE 6

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A man of 24 was admitted with a two-month history of severe frontal and occipital headaches and vomiting. On examination there was a 3+ bilateral papilledema and some very slight weakness of the left arm. A right carotid arteriogram showed a space-occupying lesion in the right frontal lobe with marked displacement of the right anterior cerebral artery to the left.

Three days later a tumor growing between the floor of the anterior fossa and the frontal lobe was removed. It was attached to the dura and the cribriform plate. Part of the latter was resected. The tumor weighed 90 gm. It was soft, brownish and finely granular.

Postoperatively, an x-ray of the skull was repeated. It showed absence of the anterior part of the cribriform plate on the right side. There was an inferior extension of a soft-tissue mass measuring 2 cm. in diameter which seemed in continuity with the bone defect. The right ethmoidal air cells were clouded.

Over the next 6 weeks, the patient received 5500 r over the right supraorbital region.

He was readmitted two months later, for further investigation and treatment. Some tumoral tissue was found attached to the right middle turbinate. The superior turbinate could not be seen. A fragment of approximately 1 cm. in diameter was removed. The patient received 4400 r over the right and left ethmoidal regions.

On the last follow up examination at 7 postoperative months, the patient was well and symptom free.