

CASE 5

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The patient, a 29 year-old white female, was admitted to this hospital complaining of headaches of six months' duration and difficulty in walking of two weeks' duration. There were no visual complaints. She had had multiple small tumors removed from her arms in the past, and 5 years earlier, neurofibroma was removed from her back. Physical examination revealed multiple brown maculae on the skin of the trunk. Fundoscopic examination was within normal limits. She had a bilateral rectus palsy and a bilateral facial weakness. The patient was ataxic. Her spinal fluid protein measured 66 mg.%. Cervical myelography revealed a mass in the neural canal extending down from the intracranial cavity. A posterior fossa exploration was performed and an intrinsic medullary mass was demonstrated. Postoperatively, the patient did poorly. She expired of an aspiration pneumonia on the 17th postoperative day.

At autopsy the immediate cause of death was found to be aspiration bronchopneumonia. No other significant visceral lesions were demonstrated. The pons was uniformly enlarged and on microscopic examination showed diffuse gliomatous changes. The cerebral hemispheres showed symmetrical dilatation. In addition to this, a 2 cm. subependymal astrocytoma was demonstrated in the right lateral ventricle. No tumors were demonstrated on any of the nerves of the brain or spinal cord, except the left optic nerve, which showed a fusiform enlargement measuring 0.6 cm. in diameter and located 1 cm. distal to the chiasm. The right optic nerve measured 0.4 cm. in diameter.

The sections submitted are from the enlarged area of the left optic nerve and are stained by the Klüver and Klüver-Holmes-PAS techniques.