

CASE 2

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A black male died at the age of 5. First hospital admission was at the age of 3. Frontal headache, vomiting and somnolence of three weeks' duration.

On physical examination: 2-3 D papilledema, bilateral nystagmus to the right; questionable left facial palsy, truncal ataxia with wide base gait, bilateral dysdiadochokinesis--more pronounced on the left, cerebellar drift of the left upper extremity. X-ray: widening of sagittal and lambdoid sutures. Pneumoencephalogram and ventriculography--dilatation of lateral ventricles, slight dilatation of third, poorly visualized fourth ventricle.

Suboccipital craniotomy: "adhesions" around foramen magnum. Catheter passed through aqueduct; Torkildsen--right lateral ventricle to foramen magnum. Cerebellar biopsy showed no lesion. Postoperatively all symptoms gradually improved. For two years patient showed normal physical and mental development although some left optic atrophy was observed. No other illness was noted during this period.

Second hospital admission at the age of 5. Recurrence of frontal headaches 5 weeks--vomiting and generalized convulsions 2 weeks. Spinal fluid pressure over 400 mm of water, protein 416 mg%, sugar 80 mg%, 18 small mononuclear cells. Bilateral carotid angiogram--marked ventricular dilatation. Brain scan with Technetium 99 -- suprasellar tumor. Bilateral ventriculo-atrial shunt brought about slight improvement. Patient died in coma four days following this procedure.

General autopsy: bronchopneumonia, chronic duodenal ulcer 2.5 cm distal to pylorus.

Neuropathology: well circumscribed, globular pinkish brown suprasellar tumor 4 cm in diameter, soft, somewhat spongy, some suggestion of lobulation on cut surfaces, but mostly homogeneous without hemorrhage or necrosis. The tumor has displaced and compressed the optic chiasma, the circle of Willis and the temporal lobes. The hypothalamus is stretched into a paper thin membrane and displaced dorsally against the roof of the third ventricle thus obliterating it and blocking the foramina of Monro. The lateral ventricles are moderately dilated. The fourth ventricle is markedly dilated. Some adhesions and blood pigment are present at the exits of the fourth ventricle. The pituitary is intact.

Submitted are 1 slide stained with H and E, and 2 unstained slides.