Case #8

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This baby boy was born to a 24 year old G2P1 mother after a full-term, uncomplicated pregnancy by vaginal delivery. At birth, the infant was pink and cried spontaneously. At four hours of age, he was noted to be having apneic episodes which were alleviated by face mask 02. Physical examination disclosed an enlarged head with wide open fontanelles and sutures. At twelve hours of age, severe tachypnea and grunting were noted, followed by generalized tonic-clonic seizure movement. The routine laboratory analyses were within normal limits save for a hematocrit of 38%.

The infant was transferred to Children's Hospital Medical Center on the second day of life. Tachycardia and tachypnea were present. He was alert, had a good Moro response, excellent suck, and normal muscle tone. The deep tendon reflexes were symmetrically active, bilateral ankle clonus was elicited, and a questionable left Babinski was present. On the next day, a CAT scan showed a 5.5 x 5.5 cm. mass within the lateral ventricle. An angiogram showed a vascular mass in the area of the left trigone which was supplied by the left vertebral and anterior choroidal arteries.

A left craniotomy with total excision of an 80 gram tumor was removed rom the left trigone region of the ventricle on the fifth day. He ad a cardiac arrest post operatively from which he was successfully resuscitated but he remained comatose and died at one week of age.

Necropsy examination disclosed the presence of massive hydrocephalus, extensive subarachnoid hemorrhage, a hematoma in the right lateral ventricle. There was no residual tumor. Perinatal telencephalic leukoencephalopathy was found on microscopic study.

Microscopic Pathology: Hematoxylin and Eosin section of the tumor.

Points for Discussion:

- 1. Diagnosis. Malig. wholes flee popullara (come)
- 2. Criteria for differentiating choroid plexus papilloma from ependymoma.
- 3. Criteria of malignancy in congenital tumor.