

CASE #9

Submitted by: Joseph C. Parker, Jr., M.D. and John J. McCloskey, M.D.
University of Miami
Miami, Florida 33152

This 65-year-old female was admitted to the hospital because of left lower extremity weakness and inability to walk since earlier that day. She had a brief left-sided seizure in the Emergency Room. During the past year, progressive personality changes had occurred and in the past two months, she had fallen several times, experiencing transient gait difficulties and numbness and weakness in her left arm after each fall.

She was agitated and confused. She had a mild left hemiparesis and an apparent left homonymous hemianopia. Her blood pressure was 150/90. Chest x-ray, EKG, skull x-rays and routine laboratory tests were unremarkable. A computerized axial tomogram and a three-vessel cerebral arteriogram demonstrated a large vascular mass extending above and below the right tentorium consistent with a tentorial meningioma. The lesion was approached surgically from above and had the appearance and consistency of a meningioma. It arose from the tentorium and had a broad, firm attachment. After partial excision, a frozen section was obtained.

One section of the surgical specimen stained with hematoxylin and eosin, one unstained slide and a kodachrome of the underside of the tentorium removed at necropsy with intact infratentorial component of mass.

Points for discussion:

1. What is the differential diagnosis?
2. The surgeon asks - "Should I take the rest out?"
3. How should the tissue be evaluated?