

CASE #8

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This patient, a 57-year-old female was first admitted to the hospital in May, because of several episodes of transient left arm numbness and dizziness. Neurological examination was normal but CT scan showed a left frontal lesion with edema. Bilateral carotid and right vertebral angiography were normal. The episodic symptoms were thought to be seizures and the patient was placed on Dilantin. In June, she returned with mild expressive dysphasia, occipital headache and dizziness. CT scan showed no change. The left frontal lesion was biopsied and a variety of opinions were obtained from various neuropathologists. Because of possible neoplasm, she received 4025 rads in 23 doses over a period of 43 days and a boost of 525 rads to the left frontal lesion. The irradiation was completed 9/14. The following July Chemotherapy was not given. She was asymptomatic following this until she had a 4-day episode of dizziness followed by numbness of the left hand and weakness of the left leg and slightly blurred vision. After admission to the hospital, she complained of left face twitching and left calf numbness. Studies were unremarkable save for CT scan which showed a low-density lesion at the site of previous surgery. Later in July, she was readmitted because of increased numbness and weakness on the left side. She had poor coordination and was unable to walk without assistance. She later developed slurred speech, right facial paresis, right hemiparesis, progressing over a period of two weeks to coma, with flaccid right hemiplegia and left upper extremity paralysis. She died on 8/17 about three weeks after admission.

NECROPSY FINDINGS: Bronchopneumonia, pulmonary congestion and tracheobronchitis.

The brain contained old cystic changes and gliosis in the region of the biopsy. There were three additional lesions. The first two were small areas of necrosis and petechial hemorrhage in the gyral white matter of the left superior temporal gyrus and in one of the right orbital gyri. The third was an extensive area of necrosis and hemorrhage involving most of the pons and midbrain extending into the subthalamic region on the right side.

MATERIAL SUBMITTED: Pons (H & E and unstained).

POINT FOR DISCUSSION:

What is the diagnosis?