

CASE #5

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This patient was a 39-year-old woman who was well until about 11 months prior to her demise when she noticed headaches, double vision, nausea and vomiting. Later she noted ataxia and dizziness. She had a fine nystagmus and bilateral papilledema. No other general or neurologic abnormalities were noted. Lumbar puncture findings were as follows: fluid was crystal clear, opening pressure 146 mm H₂O, protein 744 mg%, 8 lymphocytes, glucose 81 mg%, gamma globulin negative. CAT scan showed abnormal white matter density. The ventricular system was diffusely and symmetrically enlarged. A ventriculoperitoneal shunt was performed with some improvement in her condition.

After about two months, however, she developed a right facial myokymia, a left 6th cranial nerve palsy and a slowly progressive dementia. She again had papilledema and moderate ataxia. Her deep tendon reflexes were hyperactive with bilateral ankle clonus. Plantar reflex was extensor on the left, flexor on the right. CAT scan showed marked enhancement of the basal cisterns. Lumbar puncture findings were: xanthochronic fluid, protein 3033 mg%, glucose 72 mg%, 242 cells per mm³ (96% lymphocytes), cytology-malignant cells. A right craniotomy with a brain and meningeal biopsy from the right Sylvian fissure was performed and the changes were interpreted as a meningeal infiltrate with a high grade malignant neoplasm.

Subsequently the patient's condition steadily worsened and she expired.

NECROPSY FINDINGS: Visceral examination disclosed no important lesions. Basal meninges were thickened and spinal cord was encased by similarly thickened meninges. No mass lesions were identified in cerebrum, cerebellum, midbrain, pons or medulla.

MATERIAL SUBMITTED: One (1) slide of spinal cord stained with hematoxylin and eosin. Some sections contain only meninges due to limited thickness of block but infiltrate is representative in all sections.

POINTS FOR DISCUSSION:

1. Origin of neoplasm.
2. Diagnosis of neoplasm.
3. Nature of eosinophilic cytoplasmic material.