CASE 1

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Clinical Abstract:

The patient was a 32 year old female with a history of headaches of several years duration. She was first seen 3 months prior to admission with the complaint of increased severity of the headaches over the previous year. Neurological examination was normal and she was felt to have chronic tension headaches. She was subsequently seen four more times, either in the emergency room or as an outpatient, and treated, without success, for the presumed diagnosis of migraine.

The night of admission she complained of headache and vomiting and had a cardiac arrest at home. She was resuscitated; however, her pupils remained fixed and dilated, there was no response to pain, no spontaneous movements and deep tendon reflexes were absent. The discs were sharp and the neck supple. The general physical examination was normal.

White blood cell count was 14,400 with 88 neutrophils, 6 lymphocytes and 6 monocytes. Computerized tomography scan showed dilatation of the right lateral ventricle with a shift from right to left of the septum pellucidum. Electroencephalogram showed electrocerebral silence. A Fisher cannula was placed in the right frontal horn and clear cerebrospinal fluid was obtained under pressure greater than 40 cm. water. She developed hypotension and was pronounced dead approximately 6 hours after admission.

Autopsy findings: The general findings were negative except for mild pulmonary edema and inactive mitral and aortic valvulitis.

External examination of the brain showed diffusely narrowed sulci and flattened gyri. The cerebellar tonsils were prominent and slightly soft. Coronal sections showed thickening of the septum pellucidum by soft tan tissue, which also filled the right foramen of Monro. The right lateral ventricle was slightly dilated. The ventricular lining of the posterior horn of the right lateral ventricle showed fine granulations. The lumen contained a 1.5 x 0.8 x 0.8 cm. cystic, nodular, smooth-surfaced mass. Dura, basal vessels and spinal cord were normal.

MATERIAL SUBMITTED: One slide of ventricular mass, stained with H & E.

Points for Discussion:

Diagnosis.