Case 5

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This 13 year old boy was first seen for complaints of headache, blurring of vision, dizziness, and seeing colored spots. This was associated at times with abdominal pain and vomiting. The symptoms were present about a week. The diagnosis of Migraine was made and the patient treated symptomatically.

The next admission was several weeks later and the complaints were headache, dizziness, nausea and vomiting. At this time he had some deficit in upward gaze and bilaterally miotic pupils. An upper G.I. was normal, but a CT scan showed a third ventricle tumor which was located posteriorly. He was operated and the tumor could be only partially removed. A diagnosis of craniopharyngioma was made, noting the atypical location of the lesion. The child had two good post-operative days, but the third day he again noted headache, bilateral 6th nerve palsy, and deficit of upward gaze. A second operation, one week after the first was done and a V-P shunt was placed. The patient was irradiated with the total course being 25 doses of 200 rads. The boy was released from the hospital several weeks very much improved and could walk and stand. He had some symptoms of diabetes insipidus.

Six weeks later he was again admitted to the hospital with RUQ pain and vomiting and fever. The shunt was infected and he was treated for this, improved and was released.

Several weeks later he again had headache and vomiting and was re-admitted. A CT scan now showed hydrocephalus with a shift of the 4th ventricle to the left. A diagnosis of brain abscess was made. At this time also, it was noted that the scan no longer showed tumor at the third ventricle site. A posterior craniectomy was done several days after admission and a greyish hemorrhagic mass was seen in the left cerebellar hemisphere. The lesion was removed as completely as possible. Post-operatively, the patient did well, except for some diabetes insipidus, and moderate hypokalemia which responded to replacement therapy. Further radiation was considered, and the patient was discharged.

About 1 month later he was re-admitted with more symptoms of headache, vomiting, and dizziness. CT scan was suggestive of tumor recurrence in the cerebellum. A second shunt was placed with some improvement.

Material Submitted: One H & E stained section from the cerebellar lesion.
One kodachrome from the first surgery.

Points for Discussion:
1. Diagnosis
2. Treatment and prognosis