AANP Slide Session 1983

Case 2

Submitted by: Jesus Enrique Gonzalez, M.D. and Ghislaine Cespedes, M.D.
Neuropathology Section. Instituto Anatomopatologico.
Ciudad Universitaria. Caracas, Venezuela.

During the five previous years, this 12 year old male had four attacks characterized by loss of conciousness and generalized tonic-clonic seizures, for which he was treated with diphenylhydantoin.

After the last attack, an E.E.G. was taken. It demonstrated abnormal activity in the left parietal region.

The patient was admitted to the Hospital on January 2, 1980. He was moderately underweight, well oriented and did not show physical or neurological abnormalities on examination. No pertinent data were obtained from family history.

Chest X-Rays and E.C.G. did not show abnormal findings. Routine laboratory tests were within normal limits, except for a fasting blood sugar of 117 mg/100 ml. E.E.G. demonstrated abnormal slow activity in the left centro-parietal area. X-Ray of the cranium was unremarkable. C T Scan showed a tumor in the parieto-occipital region, abutting on a "cystic" cavity. Angiograms confirmed these findings and disclosed poor vascularization of the tumor.

The patient was operated on approximately one year after the abnormal EEG exam. and the tumor removed through a left parieto-occipital craniotomy. It was described by the surgeon as "a lobulated mass of yellowish tissue, superficially located" and the wall of the cystic space as "thick, with small yellow nodules".

A biopsy was taken from the wall of the cystic cavity and sent along with another fragment and the tumor mass.

The material received consisted of two irregular fragments of yellowish white soft tissue measuring 1 and 1.5 cm. in their largest dimensions, without fixative; and the tumor mass, fixed in formalin, which was of a tan color, moderately firm in the periphery and rather soft in the center. It measured 3.5 cm in diameter.

Forty ml. of a yellow fluid was aspirated from the "cystic" cavity. It contained blood cells, macrophages and atypical cells, apparently glial.

The patient followed an uneventful post-operative recovery. He was given a total of 4,600 r. E.E.G. still showed abnormalities in the left parietal region and a tendency for irritative paroxismal activity. He was put on permanent anticonvulsant medication and discharged in good general condition on March the same year. C T Scan performed 6 months later did not show evidence of remnant tumor.

MATERIAL SUBMITTED: two histologic sections from the tumor, one H & E stained and one unstained.

POINTS FOR DISCUSSION: Diagnosis