

Case 11

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Clinical Abstract:

The patient first presented at the age of 35 with Grave's Disease and was treated with radioactive iodine. She ultimately became hypothyroid and was placed on replacement Synthroid, on which she was maintained thereafter.

A year later she developed sudden right sided weakness of the arm and leg accompanied by numbness in the arm, leg, and face. She also complained of headache and clumsiness of the right foot. Neurologic examination revealed an obvious right hemiparesis with right arm hanging limply and the left leg showing a notable foot drop. There was mild bilateral papilledema. The lower right face showed flattening of the nasolabial fold. There was a Babinski sign on the right and slight decreased sensation over the entire right side of the body and face to pin prick. EEG showed a large parasagittal slow wave focus on the left. A CT scan showed a large enhancing left parasagittal lesion extending up to the meninges.

The patient was born and raised in Egypt and immigrated to the United States at age 33. There was no history of parasitic infection and no notable family history.

A large, bilateral, parasagittal tumor of the parietal area was removed, together with a portion of the falx cerebri and superior sagittal sinus. The tumor, grossly, was extremely soft, gelatinous, and friable.

The patient did well postoperatively, but, at age 38 had a grand mal seizure and developed left sided weakness and pain in the lower extremity. CT scan revealed recurrent tumor and, at surgery, multiple large and small nodules of gelatinous tumor were discovered attached to the undersurface of the dura and along the falx.

The patient ultimately expired, and, at autopsy, a careful search for polyvinylpyrrolidone granulomas in the reticuloendothelial system and soft tissues of the body was negative.

The surgical specimen proved to be strongly mucicarmophilic and also stained positively with PAS and alcian blue. It failed to stain with sirius red. Electron microscopy confirmed the neuropathological diagnosis.

Material Submitted: One H & E slide from left parietal area