CASE 11

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Reference No.:

Clinical Abstract:

The patient is a 31 y/o female who, in the prior summer, had clinical symptoms consisting of severe headache in the left parietoccipital region followed by generalized shaking, diaphoresis, hyperventilation, palpitations, and right homonymous hemianopsia. She had several attacks in the past but the one in the summer was notably worse. She has had similar but much milder attacks since she was a senior in high school. The attacks increased in frequency and severity She was evaluated at the beginning of college and was thought during college. to have some form of epilepsy and was treated with Tegretol and Phenobarbital. medications were ineffective and she discontinued them herself. The attacks last about 15 to 30 seconds but often last longer. During the most singificant attack, in the summer, the hemianopsia lasted approximately two (2) hours. attack, she was hospitalized and a CT scan revealed a large nonenhancing lesion in the left parietal lobe. A small amount of blood was also noted adjacent to the lesion.

Social, family, and past medical history were noncontributory. A review of systems was also noncontributory. Physical examination revealed a well nourished, well developed 31 y/o female. Mental status examination was normal. All cranial nerves were intact. Muscle groups were normal in strength without assymmetry. She possessed no cerebellar signs nor sensory deficits. Proprioception and vibratory sense were normal. Deep tendon reflexes were similarly normal in both upper and lower extremities.

MRI and CT scans showed a left parietal lobe mass. Angiogram was normal. EEG showed abnormality with deficit activity originating from the area of the left parietal lobe. Patient was taken to surgery and the mass was removed.

The specimen consisted of a large firm mass embedded in easily recognizable gyral structures. The mass measured 4x3x3 cm and was adjacent to the meninges.

Material submitted: One 3 X 1 H & E stained slide from the lesion

Points for discussion: 1. Diagnosis

- 2. Pathogenesis
- 3. Prognosis