

CASE 1993-9

Submitted by Richard A. Prayson, M.D. and Melinda L. Estes, M.D.
Department of Anatomic Pathology
The Cleveland Clinic Foundation
Cleveland, Ohio 44195

Clinical History:

The patient is a 70-year-old woman with diabetes mellitus and atrial fibrillation of eight years duration. Five months preoperatively, she noted a worsening in her vision and an increased frequency of headaches. Several ophthalmologists were consulted and most attributed her visual changes to either cataracts or macular degeneration. Approximately one week preoperatively, she experienced an acute worsening of vision. Magnetic resonance imaging performed at an outside hospital demonstrated bilateral occipital lobe enhancing mass lesions with nonhomogeneous signal. Physical examination was notable for bilateral decreased visual acuity, a bilateral superior quadrant defect, an irregular heart rate and venous stasis changes in the lower extremities. A cerebral angiogram showed large avascular bioccipital masses and a left sigmoid dural arteriovenous malformation. The patient underwent an occipital craniotomy with gross total excision of bilateral parasagittal tumors. A firm extraparenchymal tumor attached to the posterior falx immediately below the sagittal sinus measured 2 X 3 X 4 cm. A similarly superficial firm tumor measuring 2 X 4 X 6 cm was excised from the right occipital lobe region. A small amount of tumor adjacent to the superior sagittal sinus was not excised. The patient's immediate postoperative course was unremarkable. The patient presented three weeks later to an outside hospital with an acute pulmonary embolism secondary to deep venous thrombosis and expired. An autopsy was not performed.

Material submitted: One H & E stained section and one kodachrome electron micrograph

Points for discussion:

1. What is the differential diagnosis?
2. What is the nature of this lesion?
3. What is the prognosis for this entity?