

## CASE 1995-11

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**HISTORY:** The patient is a 21 year old left handed woman who fell off a horse and suffered a concussion. Skull x-ray and CT scan were obtained to rule out a subdural hematoma, and were negative for this; however, there was a large bilateral occipital extra-axial mass with hyperostosis of the overlying bone. A subsequent MRI revealed invasion of the calvarium and extracalvarial extension of this lesion. There was also a 2 centimeter enhancing cystic mass in the right posterior parietal lobe adjacent to the extra-axial mass. A needle aspiration was obtained; the patient was referred for further treatment.

In retrospect, the patient had noted increasingly frequent headaches for the last one and a half years, with occasional episodes of dizziness. She had no witnessed seizures, and had had a decrease in her peripheral vision, but denied diplopia. The patient had also noted increasing proptosis for the last year.

The patient had had a thyroid scan which was negative several months ago. There was no history of radiation.

**PHYSICAL EXAMINATION:** The physical examination revealed a tall, well developed, well nourished woman in no apparent distress. Neck, chest, cardiovascular, and extremities: Normal. **HEENT:** Obvious bilateral proptosis; right occipital bony and soft tissue protuberance which was nontender. **NEUROLOGICAL EXAMINATION:** Normal.

The patient was admitted one month later, underwent cerebral angiography and successful PVA embolization of her right middle meningeal artery, right occipital artery, and left middle meningeal artery. Also noted during this procedure was occlusion of her superior sagittal sinus at the tumor site. The anterior superior sagittal sinus drained via the anterior cortical veins to the ophthalmic veins via transosseous emissary veins. The patient tolerated this procedure well. On a few days later she had a bilateral parietooccipital craniectomy for tumor excision and methyl methacrylate cranioplasty. Recovery from these procedures were uneventful.

**MATERIAL SUBMITTED:** Kodachrome of gross specimen, Kodachrome of imaging study, and H&E section of resected lesion.