

CASE 1996 [7]

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CLINICAL HISTORY:

This 44 year old electrical contractor was admitted to the hospital because of a 3 month history of progressive headache and a 2 week history of difficulty with left hand dexterity and very mild speech impairment. The morning of the day of admission, his headache suddenly worsened and he became drowsy and experienced weakness on the left side of his body.

Seven years earlier this patient suffered severe electrical burns to the chest, upper arms, and neck area amounting to about 35% of body surface. This was complicated by infection of skin and subcutaneous tissue resulting in severe scarring which required several admission over the subsequent years for removal of scars and cosmetic surgery. He eventually recovered and was able to resume a normal life.

Examination on admission revealed that the patient was sleepy but arousable and oriented. He had a slight facial droop, slight left hemiparesis and left Babinski sign. General physical examination was unremarkable.

An emergency non-enhancing computerized tomogram of the head revealed an heterogeneous mass with hemorrhagic component occupying the right fronto-temporal region with midline shift and compression of right lateral ventricle. The sulci of right cerebral hemisphere were obliterated.

The patient was given dilantin and decadron and taken to the OR for an emergency evacuation of hematoma and debulking of a brain tumor. The craniotomy was uneventful. The dura separated easily from the underlying brain. The superior gyrus of the temporal lobe was swollen and flattened as if expanded by an intrinsic mass. A pial opening into the middle temporal gyrus was enlarged and suction produced an abnormal greyish friable tissue; slightly deeper, a large hematoma was found. Evacuation of tumor and hematoma left a 4x3x3 cm cavity. This achieved significant decompression of the brain which had flattened and fallen away from the dural space. The specimen received in pathology consisted of 3 pieces of brain tissue each measuring 1.4 x 0.9 x 0.5 cm, and clotted blood.

MOLECULAR PATHOLOGY (courtesy of Dr. L. Becker, Hospital for Sick Children, Toronto): MYCN Gene amplification: not demonstrable following FISH analysis.

RNA analysis by polymerase chain reaction: no chromosomal translocation.

Flow cytometry: G0G1 82%, G2M 10%, and DNA index 1.5.

MATERIAL SUBMITTED: Hematoxylin-eosin stained paraffin section.