

Case 2001-08

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**Clinical History:** The patient first came to medical attention because of decreased vision in her left eye. On examination, her visual acuity was 20/25 OS with questionable temporal optic atrophy. Eleven months later her vision had dropped to 20/40 OS. An MRI was performed, which showed an asymmetry of the orbital apex. She complained of lack of detail and darkness OS, slowly progressive over the preceding year. Her past medical history was significant for spinal meningitis at age 5. On examination, vision was 20/20 OD, 20/30 OS; near vision was 14/21 in both eyes; Ishihara color plates were 13/13 OD, 4/13 OS. Fundoscopy showed +2 temporal pallor OS. Retropulsion was normal. No proptosis was present and rotations were full. MRI was read as "the world's smallest tumor" in the left optic canal. No diffuse enlargement of the optic nerve, no Gadolinium enhancement.

Sixteen months later, the vision OS was beginning to interfere at school and work. Vision was now 20/50, near 14/35, Ishihara 2.5/13. She had a superior visual field loss. On CT, the lesion was unchanged.

Eleven months later, vision OS was 20/70, near 14/89, Ishihara 1/13, +3 pallor OS. She continued to be followed at home on a yearly basis.

Near four years later, she referred her vision had painlessly and gradually decreased the previous summer. It was now 2/200, no color plates. MRI showed an hyperintense lesion, hyperostosis of anterior clinoid, mild bulge of optic nerve posteriorly. A procedure was performed.

Material submitted: H&E section of optic nerve

Points for discussion: Diagnosis  
Frequency of such finding