

CASE 2

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This 18-year-old man entered the hospital with a six month history of headache, diplopia, nausea and vomiting. He was found to have a right anterior fossa tumor which surrounded the right optic nerve. It was partially resected and given 3500 R radiation therapy.

One year later the tumor had recurred as a mass involving the bone over the lateral aspect of the right eye, roof of the right orbit, cribriform plate, right anterior fossa and the right nostril. The intracranial portion was removed and he received another 600 R radiation therapy. Twenty months later the tumor was found in the right orbit, in the dura, and in the paranasal, frontal and ethmoid sinuses. An exenteration of the frontal sinuses was performed. Four months later further growth of the tumor prompted his being treated with a course of vincristine and of cytoxan, each of which resulted in a modest reduction in tumor size and its subsequent regrowth. Radical resection of the intracranial tumor, right orbit and orbital contents, and of part of the right mandible resulted only in space for regrowth of the tumor, and he died five months later, four years after his initial symptoms.

At autopsy, both anterior fossae were filled by a gray-pink, friable, irregular tumor mass. It infiltrated the dura, falx, leptomeninges and brain and displaced the brain posteriorly and superiorly. It further involved the sphenoid, ethmoid and frontal sinuses, the cribriform plate, both nostrils and the region of the right orbit. The tumor continued out to form a 500 cc. bulge under the skin flap covering the last radical resection site. The total volume of the tumor was approximately 1000 cc. Metastases were found in the vermis of the cerebellum, lung, liver and vertebral bone marrow. The remainder of the viscera were free of tumor.

Submitted are: 1 Kodachrome transparency, 1 H & E and 1 unstained section.

Points for discussion:

1. Diagnosis
2. Origin of the tumor