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A 58 year old female was admitted to hospital on 7/3/74 complaining of headache of six months duration, which had become progressively more severe following an apparent seizure three weeks prior to admission. At the time of admission, she was lethargic and disoriented. The right optic disc was elevated and she showed a left-sided weakness with a Babinski sign. A right carotid angiogram showed a right frontal tumor mass. This was resected on 7/8/74. The neurosurgeon thought that the tumor was a typical meningioma but he had some difficulty removing the tumor from the underlying brain.

Postoperatively, the patient was given radiation therapy. One month after surgery, she showed signs of accumulation of fluid below the craniotomy flap and purulent material was aspirated. On 8/15/74, she underwent craniotomy and debridement. An abscess was found at the site of surgery. The patient responded to treatment and was discharged on 9/18/74. At the time of discharge, her wound was well healed and neurologic examination was within normal limits. At the time that this protocol was written, the patient's condition had not changed.

Microscopic Pathology: Two slides are submitted from the surgical specimen; one is stained with Hematoxylin - Eosin and the other by the Gomori trichrome method.

Point for discussion:

1. Diagnosis.