

Case 9

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Clinical Abstract:

This 54 year old woman, who lived with her aged mother, was transferred from an outlying hospital in an unconscious state. Initial lumbar tap prior to transfer showed blood-stained CSF. History was sketchy and indicated that the patient might have been unconscious for 24 hours. The patient had called a family member the previous day and complained of a "severe headache". She was found unconscious the following morning.

PAST HISTORY: A talk with the family physician, who had been following her for 30 years, revealed that she had been on medication for atrial fibrillation and had surgery for diverticulosis of the colon. No definite history of any intermittent or chronic headache or other neurological or visual problems were present.

Physical examination revealed a patient who needed total respirator support with no reflexes and fixed dilated pupil. Fundal examination was negative. After several isoelectric EEG's, her respiratory support was discontinued.

Investigations: CT scan with and without contrast revealed a mass lesion occupying the anterior third ventricle with dilatation of the ventricular system and possible extension of the mass into the lateral ventricle. The impression was colloid cyst vs. other neoplasms.

Necropsy did not reveal any significant lesions.

There was severe brain edema with herniation, minimal subarachnoid hemorrhage, and a massive hemorrhage in the dilated third ventricle with some extension into the lateral ventricles. The third ventricle measured 2.5 cm. in transverse diameter. The pituitary gland appeared infarcted.

Slide is from third ventricular hemorrhage stained with H & E.

Points for Discussion:

1. What is the nature of the cells found in the third ventricular hemorrhage?
2. What is the cause of the hemorrhage?
3. Would any other tissue or special stain or procedure be helpful in coming to a definite diagnosis?