

Case 7

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Reference No.:

Clinical Abstract:

A 62-year-old white female was evaluated in August for cough, dyspnea, anemia, and recent onset of cardiac murmur. She had no history of syncope or of seizure. An echocardiogram showed an atrial valve lesion. 3 days later the aorta was cross-clamped and bypassed, and a 2.0 x 4.0 cm left atrial myxoma, studded with surface villi and blood clot, obstructing the mitral orifice, was excised. A surgical atrial septal defect was closed with a pericardial patch. During induction there was transient hypotension due to atrial obstruction, but the postoperative course was uncomplicated and she was discharged nine days after surgery.

8 months later in April she developed orthostatic dizziness and vertigo, and during one episode lost consciousness, striking her right orbit and fracturing her left humerus. Skull x-rays were negative. During cardiac monitoring there was no arrhythmia. An EEG showed right frontal slow and sharp waves. A CT scan demonstrated a right frontal subcortical density with surrounding edema interpreted as a lobar hemorrhage. An arteriogram contained no abnormal vessels. Lumbar puncture eight days after admission showed no xanthochromia, 45 RBC, 0 WBC, protein 22 mgm%, and glucose 69 mg%. Following discharge, the CT scan remained unchanged.

She was well until August, when she noted recurrent seizures. After three seizures in a 24-hour interval, she was readmitted on September 1, and a CT scan was unchanged from previous studies. An arteriogram showed large feeding vessels but no A-V shunting, aneurysm, or calcification. A craniotomy was performed on September 14, and a circumscribed, superficial, red-brown, spongy lesion of the right frontal lobe was removed. Her postoperative course was uneventful.

Material submitted: One H & E stained section of the right frontal lesion

- Points for discussion:
1. Diagnosis
 2. Relationship to prior surgery, seizure and/or trauma
 3. Pathogenesis