CASE 1991-11

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CLINICAL ABSTRACT:

The patient is a 45 year old male without significant past medical history until eight years ago. At the age of 37, within a three week period of time, he developed shortness of breath on jogging two miles. He had been jogging 3-7 miles daily for 10 years without any problems. He also noted headache and pressure on the back of his head whenever he bent over. The headaches became more severe. He went to his local doctor and was found to have high blood pressure(150/100). During his evaluation for hypertension, he had a head CT performed. The patient was found to have a mass occupying approximately 75% of the left cerebellar hemisphere. He was also found to have CT evidence of increased intracranial pressure and had a ventricular shunt placed in 1983. He then underwent resection of the mass, which was reported to be completely removed. He received no further therapy. He was asymptomatic for five years until his shunt needed revision. He did well for the next two years. Two months prior to his current admission, he had "triple" vision, poor balance, leg stiffness, facial numbness and a return of the headaches on bending over. An MRI scan revealed a 6 x 5 x 3 cm lesion of the left cerebellar hemisphere with mass effect on the middle and inferior cerebellar peduncles, inferior colliculus and pons. This was interpreted as recurrent tumor and the mass was resected. He has been free of symptoms since surgery.

The patient is one of 12 children. His father suffered from headaches all his life and had episodes of epistaxis and vomiting. The father died without autopsy. One sister has headache symptoms similar to those described by the patient, but head CT is within normal limits.

MATERIAL SUBMITTED: one H&E stained slide

POINTS FOR DISCUSSION: 1) Nature of the lesion?

2) Cell of origin?