

CASE 1991-10

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CLINICAL ABSTRACT:

This 25 year old mother of three, right-handed school bus driver, was admitted for headaches. These were predominantly right frontal headaches, which became associated with frequent vomiting. They had developed insidiously over several weeks, and were progressive. She denied other neurological complaints including visual disturbance.

Past medical history was unremarkable. Systems review was negative. Family history revealed paternal suicide. She smoked one package of cigarettes daily.

Neurological examination revealed a left lower quadrantanopsia. Remaining neurological testing was negative.

Computed tomography of the head revealed a right occipital mass, 3.0cm in maximum dimension, apparently within the neuraxis.

Operative resection of a firm, subcortical, well delineated tumour was performed.

Post-operative craniospinal radiotherapy was prescribed, and the patient is currently well with only a subtle residual visual deficit.

MATERIAL SUBMITTED: One H&E slide

DIAGNOSIS: Primitive neuroectodermal tumour

POINTS FOR DISCUSSION: Diagnosis  
Histogenesis