

CASE 1991-1

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**CLINICAL ABSTRACT:**

At age 45 years a highly intelligent woman began to have subtle personality changes which progressed to various difficulties with language such as anomia, dysphasia and dyslexia. Later, she even had difficulty with recent memory. Following surgical removal of a thyroid adenoma she had been taking thyroid daily for eight years. Because of increasing irritability and generalized headaches when anti-fertility medication was stopped each month, these pills were discontinued altogether; she had been taking them for the preceding two years.

General physical examination was within normal limits. Mental disability was striking.

Pertinent laboratory studies revealed a cerebrospinal fluid protein of 95 mg%, no cells and non-reactive serology. Erythrocyte sedimentation rate was 5 mm/hr. Complete blood count and routine urinalysis were unremarkable. No anti-nuclear antibodies nor lupus erythematosus cells were found. A brain photoscan demonstrated a 3 x 7 cm abnormal tracer concentration in the left frontal lobe near the midline. Carotid angiograms suggested absence of venous filling in the same region. Electroencephalogram disclosed a very mild abnormality of transient focal irregular slowing over the left frontal and central regions.

A diagnosis of a progressive left frontal lobe lesion of undetermined etiology was made since firm evidence for either gliomatous or vascular type of lesion was lacking. She expired three years after the onset of her illness.

**MATERIAL SUBMITTED:** one H & E stained slide, one unstained slide.

**POINTS FOR DISCUSSION:**

- 1) Nature of the lesion?
- 2) Etiology?