

CASE 1992-10

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CLINICAL ABSTRACT:

The patient is a 47 year old male with no significant past medical history. Fourteen months prior to hospitalization he developed gait abnormalities with right-sided limp, followed by tremor and incoordination of right hand eight months later.

On hospital admission, general physical examination was unremarkable. Neurological examination revealed right-sided hemiparkinsonism. CT scan demonstrated a round, well-defined homogenous hyperdense mass 2 cm in diameter adjacent to the inner table of the skull in the right parietal area. Radiological features were suggestive of meningioma.

At the craniotomy the tumour was identified in the subarachnoid space, adherent but very well demarcated from the underlying brain, and without obvious attachment to dura matter. At the end of the procedure it was felt that the lesion was arteriovenous malformation.

After total resection, the patient made an uneventful recovery. Two years later he is tumour free and his hemiparkinsonism is controlled with Sinemet.

MATERIAL SUBMITTED: one H & E stained section.

POINTS FOR DISCUSSION: Diagnosis