

45th ANNUAL DIAGNOSTIC SLIDE SESSION 2004

CASE 2004-3

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Clinical History:

The patient is a 44-year-old man who presented with a severe headache, buzzing in the ears, blurred vision and “spells”. One-month prior to admission, he thought he had an ear infection and was treated by his primary care physician with antibiotics. Three weeks prior to admission, he experienced blurred vision and pain behind the right eye. This was followed one week later by the development of “spells”. These were described as a feeling of weakness and confusion followed by falling to the ground. There was no tonic-clonic activity and no loss of consciousness; however, witnesses described the patient to be briefly incoherent with each attack. Ten of these episodes occurred over two weeks, following which an increasingly severe, generalized headache developed. Medical history revealed gastrointestinal reflux disease, obesity, prior episodes of atrial fibrillation, and thrombophlebitis of the right leg. His only medication was lansoprazole. Neurologic examination was unremarkable excepting a right Babinski response. Upon admission to the hospital, an MRI scan of the brain revealed a predominately solid right frontal lobe mass, with a cystic component, together measuring 5.1 cm in the transverse plane. In the anteromedial aspect of the cyst, there was an apparent mural nodule measuring 2.4 x 1.2 cm in the axial plane. The bulk of the solid portion of the lesion occupied the right frontal pole and caused effacement superficially. There appeared to be extension of abnormal high signal intensity across the anterior corpus callosum into the medial left frontal lobe. Four days after admission to the hospital, the patient was taken to the operating room for neurosurgical intervention.

Material submitted: Kodachrome and one H&E section of the lesion.

Points for discussion: 1. Diagnosis
2. Prognosis