

## 41<sup>st</sup> ANNUAL DIAGNOSTIC SLIDE SESSION

### CASE 2000-02

Submitted by:

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Clinical History:

The patient is a 33-year-old female with a history of an acute onset of vertigo, severe headaches and blurred vision that have been occurring frequently for the past two months. She had transiently lost consciousness on a number of occasions. A CT scan revealed a large mass located in the medial wall of the left ventricular atrium with enhancement of the lateral posterior choroidal arteries and choroid plexus. Preoperative nonenhancing and enhancing MRI scans demonstrated a hypodense intraventricular mass that enhanced after contrast administration, suggestive of a meningioma.

The tumor was completely resected using microsurgical technique via a parieto-occipital craniotomy with interparietal sulcal approach. A postoperative MRI scan confirmed a total gross resection of the tumor. The patient had no postoperative motor deficits and remains disease-free. However, she has not been able to return to work due to postoperative agraphia.

Material submitted:    1. T2-weighted MRI of the brain (35 mm).  
                              2. H&E section of the tumor.

Points of discussion:  1. Diagnosis  
                              2. Pathogenesis