

43rd ANNUAL DIAGNOSTIC SLIDE SESSION 2002

CASE 2002 - 9

Submitted by: Eun-Sook Cho, M.D., and Leroy R. Sharer, M.D.
Department of Pathology (Neuropathology)
UMD-New Jersey Medical School
185 South Orange Avenue
Newark, NJ 07103

Clinical History:

This 17-year-old young man who just arrived from Trinidad presented with a recent onset seizure and ataxia. The patient had headache for more than seven years, progressive difficulty hearing for either three years with tinnitus or 10 months (different histories recorded by different questioners), and double vision for 3 months. Ataxia was a recent event. On examination, the patient was awake and alert. Neurological examination revealed complete deafness in the left ear and left sixth cranial nerve paresis, with bilateral dysmetria but normal motor strength. His gait was ataxic. There were bilateral 1+ ankle clonus and Babinski signs. Laboratory findings were unremarkable except for the erythrocyte sedimentation rate (ESR), which was 50 mm/hour. Imaging studies showed a large, homogeneously enhancing, dumbbell shaped mass at the left CP angle extending into the supratentorial compartment. There was no evidence of disease at any other site. At operation, a firm mass was attached to the cranial nerves.

Material submitted: One H&E-stained slide and an unstained section of the lesion.

Points for discussion:

1. Diagnosis
2. Prognosis