

CASE 2

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Nineteen months prior to his death this 48-year old white man began to have clonic movements of his left leg. This gradually became worse accompanied by a "drawing up" of the left leg. He also began to have jerking movements of the left arm and drawing up of the left arm over his head. Ten months after onset of these symptoms he was hospitalized. A mild left hemiparesis was found, but initial skull and chest X-rays, EEG, brain scan, spinal fluid and right carotid angiogram were normal. At that time, he was found to be anemic with a hemoglobin of 7.4 gm. %, a hematocrit of 24% with 15% nucleated red blood cells and immature circulating leukocytes. There was enlargement of the spleen to three fingers' breadth. Bone marrow aspiration was unsuccessful on several attempts. The bone biopsy showed small fibrous fragments with scattered abnormal cells. The patient was treated with transfusions, Dilantin and depo-testosterone. Bilateral femoral neck radiolucent areas were found on X-ray. The hemiparesis became more severe and papilledema developed. Repeat brain scan and angiogram now showed a right fronto-parietal mass. Craniotomy was performed and a malignant, cystic, glial tumor was found. He subsequently was treated with 5100 rads of deep cobalt therapy. Four months after the craniotomy, a rib biopsy was performed because of a painful mass in the right anterior chest wall. Microscopically, this tissue was similar to that seen in the brain biopsy material. The patient developed pneumonia, became stuporous and died.

Autopsy revealed widespread bone marrow and lymph node involvement with tumor, in addition to a large mass in the right fronto-parietal region of the cerebral hemisphere.

Points of interest and for discussion: Glioma producing extracranial metastases before craniotomy? Frequency of this?