CASE 4

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Ref. M 2059

The patient is a 27-year-old female who was referred to the neurosurgical service for evaluation of a chronic headache.

Past history revealed a 3-year history of chronic headaches associated with a deterioration of personality and weight loss. She had become a rather apathetic, thin, dull wife. The development of these symptoms was insidious. She suffered from a chronic daily bilateral headache, and it was known that she had intracranial calcifications since 1967. An arteriogram performed at that time showed some abnormal circulation in the area of the calcification. There was no history of seizures. There was no motor or sensory deficit demonstrable.

Past history of additional interest was that the patient had difficulty conceiving and had one pregnancy which was tubal in type. There was no family history of comparable symptomatology.

The patient on physical examination was thin, chronically ill, and had a very apathetic affect. There were no focal neurologic deficits. The fundi were flat bilaterally.

Laboratory data were unremarkable including a normal PBI. X-rays showed intracranial calcification overlying the right orbital roof in the right frontal lobe. Arteriogram showed abnormal circulation in this area.

At craniotomy a mass presented on the cortical surface of the inferior gyrus of the right frontal lobe. There were several nodular areas of mineralization immediately adjacent to the Sylvian fissure and anteriorly. These were removed along with the underlying mass lesion which appeared to be primarily intracortical. The lesion appeared to extend into the underlying white matter which was discolored and tough. There were no clear-cut planes of demarcation between normal and abnormal tissue.

Submitted are: H & E stained sections of the surgical specimen.

Points for discussion:

1. What is the diagnosis?
2. If a neoplasm, what are the cell(s) of origin?
3. In addition to surgery, is other therapy indicated?
4. What is the natural history of this lesion?