CASE 6

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Ref. No. A70-669.

A 66 year old white male was admitted complaining of decreasing consciousness for 24 hours and decreasing activity of two weeks duration. Approximately two weeks prior to admission, he fell without striking his head. After this, the family noted less motor and verbal activity and stated that he seemed to sleep all the time and appeared "cold to touch". No previous history of transient ischemic attacks, stroke, epilepsy or headache. Past history revealed adult diabetes mellitus requiring one Orinase daily. The right eye was removed because of trauma in the past.

Physical examination revealed a slightly obese man who appeared to be in deep sleep. He would occasionally open his eyes and follow simple commands but he would not speak. Temperature was 96°, pulse 68, blood pressure 120/70, respirations 12. General physical examination was unremarkable except for prosthetic R eye. Neurologic examination: questionable right lower facial weakness. Decreased movement of right leg. The reflexes were 1 +, with bilateral Babinski reflexes.

Laboratory values: CBC, urinalysis and biochemical profile were normal. Spinal fluid xanthochromic, with 86 WBC (100% monocytes) 500 RBC, 4 + Pandy, protein 430 mgm. %. Cultures showed no growth. Gram, acid fast, and India ink stains were negative. Culture of right orbit negative for fungus.

Course in hospital: The patient underwent emergency carotid arteriography which showed ventricular dilatation and upward displacement of the internal cerebral vein. A brain scan showed a questionable parasellar mass. Pneumoencephalogram failed. A ventriculo-atrial shunt was performed two days after admission. Post operatively, hypotension and hyponatremia developed. Antibiotics, steroids, and pressor agents were used. The patient was found dead in bed nine days after admission. The clinical impression was a hypothalamic tumor. Hypothyroidism was ruled out by laboratory tests.

The section (hypothalamus through the mammillary bodies) is representative of the pathological process. Similar changes were seen in the thalamus and midbrain.

Points for discussion:

1. Diagnosis.
2. Possible pathogenetic and etiologic factors.