

CASE 1996 - 8

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A ten-month-old female was diagnosed with a cerebellar medulloblastoma in November of 1982. She underwent gross total resection followed by placement of a ventriculoperitoneal shunt for persistent hydrocephalus. Because of her age, the patient did not receive craniospinal radiotherapy, but instead, was given twelve courses of MOPP (nitrogen mustard, vincristine, procarbazine, and prednisone). She did well following her treatment, remaining free of recurrence for eleven years. She appropriately reached all developmental milestones and was an excellent student.

In August of 1995, the patient began experiencing severe frontal headaches, nausea and became acutely obtunded. Neurological examination was notable for marked somnolence, although she was easily aroused by verbal stimuli. The remainder of her neurologic examination was normal. Computed tomographic (CT) scan revealed evidence of an acute hemorrhage in the left frontal lobe. Magnetic resonance imaging (MRI) with gadolinium uncovered a 3x5 cm. enhancing mass in the same region.

The patient underwent emergent left frontal craniotomy. Upon opening the dura, a yellowish mass with associated hemorrhage, invading cerebral cortex and underlying white matter was identified and resected. The patient has made a good recovery in the immediate post-operative period.

Material submitted :a) 1 H & E stained slide of recent surgical specimen

:b) 1 unstained section