

Glioma grade 3-4, causing papilloedema



Ref.no.: MP2003

Glioma grade 3-4, causing papilloedema

Clinical History

The patient was a female aged 24 years, who presented 18 months before death with an abnormal electroencephalogram (EEG) after a single epileptic fit. Six months later she complained of blurred vision and headaches. Bilateral papilloedema was seen on ophthalmoscopy; however, there were no localising signs to explain this. Further investigations showed a space occupying mass, which was biopsied and histologically diagnosed as a Grade III-IV glioma. The patient was treated with radiotherapy. A month after treatment commenced, the patient experienced weakness of the left arm and leg. Soon afterwards she was admitted with drowsiness and vomiting; thereafter, she rapidly died.

Pathology

The specimen shows a large intracerebral lesion, which has obliterated the lateral ventricles and the inner 2/3 of the internal capsule and basal ganglia on the right side. It is infiltrating across the corpus callosum and distorting the aqueduct. The tumour is fairly well demarcated and vascular with numerous areas of haemorrhage and necrosis, causing its mottled variegated appearance.

