SUMMARY

1. Two patients with vascular complications following disc surgery have been reported in the literature. We are familiar with 12 other cases of vascular complications from disc surgery. Most of these terminated in death as a result of injury to the great vessels anterior to the 5th lumbar vertebra or adjacent vertebrae.

2. A case in which the presence of a fissure of the anterior annulus fibrosus was demonstrated by roentgenograms after injection of iodized oil is reported. This may occur more frequently than we realize and may be the explanation of some of the vascular injuries that have occurred even when extreme care was exercised during disc surgery.

REFERENCES


PROSTATIC METASTASES SIMULATING INTRACRANIAL MENINGIOMA

A CASE REPORT

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The following case illustrates an unusual manifestation of carcinoma of the prostate. The radiological findings appeared pathognomonic of the hyperostosis accompanying meningioma en plaque, so that other features were completely overlooked. It was only after the somewhat painful surprise of the histological diagnosis that we became aware of the importance of these discrepancies.

CASE REPORT

A 71-year-old white male complained in July 1952 of progressive protrusion of the right eyeball for 4 months and numbness over the right eye. For many years he had been almost totally blind in the left eye.

Present Illness. In the latter part of March 1952 the patient had severe pain in the back of the right eye and in the right side of the face, including the forehead and jaw. About 1 week later the right eye protruded so that it touched the lens of his glasses. The pain lessened markedly after the eye protruded. On July 4, the patient first noticed numbness of the area that formerly had been the site of the pain. The protrusion of the eye was greater at this time. The only objective findings were slight residual numbness over the right eye and protrusion of the eyeball. There had been an indefinite loss in weight.

Examination, July 17, 1952. The sense of smell was normal. There was a nonpulsating exophthalmos of the right eye, of severe degree (Fig. 1). All ocular movements were markedly impaired but there was no evidence of paralysis of the individual muscles of the eye. Corneal sensation was normal. There was papilledema of 2–3 D. in the right eye and engorgement of the veins, with flame-shaped hemorrhages. Vision in the right eye was reduced to some light perception. There was amblyopia ex anopsia in the left eye. Moderate anesthesia and analgesia were present over the distribution of the 1st and 2nd divisions of the right 5th nerve. The 3rd
division was intact. There seemed to be an enlarged lymph node in front of the right mastoid process and there was a suggestion of thickening of the skull deep to the temporal muscle in the anterior part of the right temporal fossa. Rhinological studies were negative.

Roentgenograms of the skull showed a considerable hyperostosis involving the entire sphenoid wing, the zygomaticotemporal process and a fair portion of the floor of the middle cranial fossa surrounding and posterior to the sella turcica (Figs. 2 and 3). Both bony borders of the superior orbital fissure were involved and the fissure itself was somewhat narrowed. The optic foramen was completely surrounded by hyperostotic bone, but appeared to be relatively normal in size (Fig. 4). There was nothing in the radiographs to suggest increased intracranial pressure. The pineal body was not visualized. Impression: Meningioma of the sphenoid wing, resulting in considerable hyperostosis.

Clinical Diagnosis. The original clinical diagnosis was malignant tumor of the nasopharynx with extension along the base of the skull. However, after the radiographs were seen it was changed to meningioma en plaque arising in the right pterion. It was pointed out, however, that it is rather uncommon to have this condition in an elderly male patient and, furthermore, that the history of such rapidly progressive exophthalmos was unusual. In order to exclude the presence of a global intracranial extension, cerebral angiography was recommended.

Angiography, July 17, 1952. A right carotid angiogram showed good filling of the branches of the anterior, middle, and posterior cerebral arteries.

Fig. 1. Photograph of patient showing proptosis of the right eye. He had been almost totally blind in the left eye for many years.

Figs. 2 and 3. (Left) Frontal projection of skull showing hyperostosis of the bones about the orbit and sphenoid wings. (Right) Lateral projection demonstrating similar changes in the floor of the anterior cranial fossa.