GLIOBLASTOMA MULTIFORME OF SEPTUM PELLUCIDUM

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Tumors of the septum pellucidum occur infrequently and clinically are rarely recognized. In their extensive review, French and Bucy presented 5 cases and collected 31 more cases from published descriptions. The present case report together with 20 additional cases cited from the literature raises the total of confirmed cases of tumor of the septum pellucidum to 57.

REPORT OF A CASE

History. A 72-year-old woman was admitted to the Medical Division at St. Vincent's Hospital on Dec. 26, 1952 with a history of diarrhea and vomiting of a month's duration. The history was difficult to obtain because of severe bilateral deafness and associated abnormality of speech since early childhood, to which was added a language barrier. She had recently come under the care of her referring physician who advised hospitalization primarily for the purpose of gastrointestinal study.

Examination. Except for a severe grade of bilateral deafness, no significant abnormalities were noted. She was described as being cheerful, alert and uncomplaining.

Course in Hospital. An electrocardiogram made on Dec. 27, 1952 was interpreted as showing changes compatible with a recent posterior wall infarct. Complete blood count, urinalysis, blood urea nitrogen, fasting blood sugar and blood serology were unremarkable.

She vomited repeatedly on December 28 and 29. During the afternoon of December 29 she was found sitting on the floor without apparent cause. On the next day it was reported that she apparently had fallen out of bed. Lumbar puncture on December 30 disclosed "turbid" CSF under an initial pressure of 100 mm. water, with 7 mononuclears per c.mm., negative Kahn and total protein of 510 mg. per cent.

On Jan. 3, 1953, she vomited several times. About midnight, a scream was heard issuing from her room and she was found sprawled under the bed of a neighboring patient. She complained thereafter of pain in the right hip and head. A gastrointestinal x-ray series made on Jan. 5, 1953 disclosed a hiatal hernia. Repeat lumbar puncture on Jan. 7, 1953 was performed with difficulty and blood-tinged CSF under normal pressure was obtained. Vomiting continued frequently thereafter and she was then described as being tremulous and somewhat lethargic.

On Jan. 15, 1953 she was seen in consultation by a neurologist. She appeared bright, alert but uncooperative. She scowled as she moved about in bed; sometimes she mimicked the examiner. B.P. was 170/106 in right arm in supine position. Deep reflexes were moderately and equally exaggerated and both plantar responses were extensor. The extremities could be moved freely; there was a moderate grade of cog-wheel rigidity of the musculature of all extremities. No evidence of papilledema was
detected. She made no vocal sounds during the examination. Skull x-rays were normal.

On Jan. 16, 1958 EEG showed a moderate grade of diffuse slowing, most prominent in the anterior halves of both cerebral hemispheres. Lumbar puncture revealed clear CSF under an initial pressure of 110 mm. water, with 4 mononuclears per c. mm. and 480 mg. per cent total protein. Permission for ventriculography was denied.

The next evening her temperature rose to 102°, breathing was rapid and shallow; she became semicomatose, responding only occasionally to painful stimulation. Thereafter, she remained dyspneic, cyanotic and comatose and expired on Jan. 20, 1953.

Necropsy. The external appearance of the brain was unremarkable. When the brain was sectioned following fixation in formalin, a tumor of the septum pellucidum measuring 2.7×3.0×2.3 cm. was disclosed (Figs. 1, 2, 3). The tumor projected into the left lateral ventricle and to a much lesser degree into the right. Moderate symmetrical dilatation of the lateral ventricles was evident. Both interventricular foramina appeared compromised, with the left being smaller than the right. The surfaces of the sectioned tumor appeared speckled with small pinhead-sized reddish areas interspersed with much larger gray and yellow patches; a dark red zone approximately 6 mm. in diameter was centrally situated. The tumor extended into the inferior rim of the anterior corpus callosum for approximately 2 mm. and into the region of the left anterior basal ganglia about 5 mm. X-rays of coronal sections of brain (including tumor) did not reveal any evidence of calcification. Additional