A case of intraventricular tumor in a 3-year-old boy was described by Guerard in 1883. The tumor was like a thyroid gland in appearance, consisted mainly of vessels, and originated in the choroid plexus.

This was the earliest report found of a papilloma of the choroid plexus. In the following years there were many case reports and also larger monographic treatments of the clinical and pathological anatomy of these tumors.

Papillomas of the choroid plexus are rare tumors. In Cushing's series they represented only 0.6 per cent of all his intracranial tumors, and in Zülich's collection, 0.5 per cent were papillomas. They are more frequent in males than in females. They occur more often in the lateral ventricles than in the third or the fourth ventricle, and are more frequent in the left than in the right lateral ventricle.

In Friedman and Solomon's collection, out of 34 papillomas of the choroid plexus 13 were located in the lateral ventricles; 10 of these were in the left and only 3 in the right ventricle. Six tumors were found within the third ventricle and 15 within the fourth.

Van Wagenen reported that 50 per cent out of a total of 45 papillomas were located in the lateral ventricles, 34.7 per cent in the fourth ventricle and 13.3 per cent in the third.

The highest incidence of papillomas of the choroid plexus is in the first 10 years of life; in the first year these tumors are extremely rare. Only a few such cases have been reported.

The case described here is a rare instance of papilloma of the choroid plexus in an infant.

CASE REPORT

No. 1651/56. W.W., a 10-month-old girl, was admitted to the Neurosurgical Clinic in Poznań. Three months previously, directly after she had had pneumonia, she began to have impairment of the motions of the right upper extremity. Later the mother found the baby's head enlarged.

Examination. The circumference of the head measured 53 cm. The greater fontanelle was enlarged to about 6 cm. across the head and 4 cm. sagittally. There was palpable separation of the sutures. Percussion evoked a distinct cracked-pot sound. The right pupil was somewhat larger than the left; both pupils reacted to light. There was a slight convergent squint but movements of the eyeballs were in full range.

In the upper and lower extremities no deviation from normal was found, but the child was less ready to use her right extremities. Babinski's sign was positive bilaterally. The child was unable to maintain a sitting position or to keep her head erect. When held in standing position she distributed her weight equally on both legs.

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PAPILLOMA OF CHOROID PLEXUS IN AN INFANT

She was irresponsible to any commands. During examination she laughed and watched objects shown her, directing her eyes and head towards them, extending her hands and grasping. There was distinct incoordination of movements in the upper extremities. She reacted quickly with weeping and cries to unpleasant stimuli.

Laboratory studies of blood and urine revealed no abnormalities. The cerebrospinal fluid was discolored and transparent; it contained 5.3 lymphocytes per 1 c.mm. Nonne-Apelt test: medium opalescence. Weichbrodt test: negative. Pandy test: medium turbidity. Albumen was 165 mg. per cent; gold curve, 2221 1/1 000. Benzoin curve: 00001222210. The cerebrospinal fluid was examined for neoplastic cells but none was found.

Course. During the child's stay at the clinic there occurred dilatation of the right pupil, sinking of consciousness and increasing sleepiness. A ventricular puncture through the great fontanelle brought about an improvement. After she had been rescued from this serious condition, puncture of the lateral ventricles through the great fontanelle was performed for the second time, with simultaneous intraventricular introduction of air. Communication between the lateral ventricles was normal.

Ventriculograms. The anteroposterior view (Fig. 1) shows dilated lateral ventricles displaced to the right. The upper left lateral angle is elongated and ballooned, with polycyclical contour. The septum pellucidum is in oblique position. The third ventricle is slightly filled.

Fig. 1 (left). Anteroposterior ventriculogram. Both lateral ventricles are dilated and displaced to the right. The upper left lateral angle is elongated and ballooned, with polycyclical contour. The septum pellucidum is in oblique position. The third ventricle is slightly filled.

Fig. 2 (right). Posteroanterior view. There is considerable hydrocephalic expansion of right lateral ventricle. In left ventricle an irregular shadow of the tumor is visible, surrounded by streaks of air.

Ventriculograms. The anteroposterior view (Fig. 1) shows dilated lateral ventricles displaced to the right. The upper left lateral angle is elongated and ballooned, with polycyclical contour. The septum pellucidum is in oblique position. The third ventricle is slightly filled.

The posteroanterior view (Fig. 2) demonstrates considerable hydrocephalic expansion of the right lateral ventricle. In the left ventricle an irregular shadow of the tumor is visible, surrounded by streaks of air. The right lateral roentgenogram (Fig. 3), in the bulging left ventricle in the region of the ventricular triangle, shows the shadow of the tumor bordered by translucent streaks of surrounding air. Diagnosis: large intraventricular tumor in left lateral ventricle.

Operation. After the child had been prepared with intravenous infusions of glucose, electrolytes and blood, a left frontotemporoparietal osteoplastic craniotomy was performed under intratracheal ether narcosis.

On opening the cranium, which was greatly thinned, the dura mater was under great ten-