CASE REPORTS AND TECHNICAL NOTES

MENINGIOMA AND OLIGODENDROGLIOMA ADJACENT IN THE BRAIN

CASE REPORT

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We wish to chronicle the present record of two tumors in the same patient, a meningioma and an oligodendroglial issue, not only on account of their co-existence but because of the striking feature of their juxtaposition in the same hemisphere.

The literature on multiple primary brain tumors has been brought up to date in three recent reports.\textsuperscript{1,2,3} Ours is the seventh recorded case of glioma and meningioma in co-existence. In none of the previously reported cases was there a combination of oligodendroglial issue and meningioma. Although in Feiring and Davidoff’s case\textsuperscript{4} both tumors were recognized in life, the second one that appeared was a glioblastoma multiforme and the patient expired 2 months after the second craniotomy. In our case gross total removal of both tumors was accomplished at a single operation with a good prognosis for many years of normal life without serious deficit.

CASE REPORT

S.M.H. #298004. E.D., a 56-year-old right-handed woman, was admitted to Strong Memorial Hospital on Mar. 3, 1949, without known antecedent injury. In 1935 grand mal seizures developed, which occurred once or twice weekly until 1942. These began by her head jerking to the left and the left arm flinging outward. Following spinal anesthesia in 1942 for pelvic plastic repair, she was free of seizures until a similar one occurred in August, 1948 and again on 8 successive days 2 weeks prior to admission.

During the seizure of August, 1948, she suffered a laceration of the left side of her forehead and a fractured left shoulder. One month later when her arm was taken out of the cast she first became aware of weakness and swelling of the entire left upper extremity. She then also began to notice that her left leg was heavy so that she had difficulty when walking in keeping up with other people.

She denied paresthesias or visual symptoms at any time. Headaches, vertigo and vomiting were absent. She felt that of late she had been prone to forget things easily. There was no history of other change in the mental sphere.

Examination. A complete left hemiparesis was present, being least in the face, with slight spasticity of the left thigh muscles and hyperactive tendon reflexes in the left upper extremity. No abnormal reflexes were obtained in either lower extremity. Abdominal reflexes were not elicited. Stereognosis, touch, localization and two-point discrimination were intact, but several errors were made in recognition of number writing on the left hand. The optic fundi and visual fields by gross confrontation were normal. She was unable to subtract 7 from 100 serially correctly, and there were errors in simple calculations. Throughout the interview her attention was apt to wander.

Laboratory Studies. Blood studies, urinalysis, and stool examinations were all within normal limits.

Roentgenograms of the chest were normal. Roentgenograms of the skull (Fig. 1) revealed a fairly extensive area of calcification lying in the right frontoparietal lobes. It measured $4 \times 5$
Calcification of oligodendroglioma, lateral and anteroposterior views. Thickening of inner table of calvarium overlying calcification is evident in AP view.

Operation. On Mar. 7, 1949, under local novocain anesthesia supplemented with intravenous sodium pentothal and with the patient in the sitting position, a right frontoparieto-temporal flap was turned down. The brain was not under any particular increase in tension. The bone flap was attached to the dura in the region of the posterior frontal lobe and approximately 1 1/2" from the midline and showed evidence of having been invaded by tumor.

The dura was reflected, the portion that was attached to bone and which was also attached to the underlying brain being encircled and left fixed to the subjacent tissue. This tis-

Fig. 2. Gross appearance of meningioma (left) and oligodendroglioma after removal.