CASE REPORTS AND TECHNICAL NOTES

EPENDYMOBLASTOMA GROSSLY ERODING AND INVOLVING OVERLYING DURA AND SKULL

REPORT OF A CASE

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According to some writers,4,8,9,13,15,23 ependymomas are benign circumscribed growths; to others,3,12,20,21 infiltrative but generally slowly growing. Only few ependymomas have a rapid course and fewer still are those that infiltrate the pia and seed in the spinal cord.14,15,19,22 Moreover, although gliomas of the brain rarely, if ever, erode through the overlying dura or skull, we could find not a single instance in which an ependymoma involved and eroded through the adjacent dura and overlying skull1,6,7,17 as may occur with certain meningiomas.5

The case herein presented represents an example of a highly malignant ependymo-

Fig. 1. Malignant ependymoblastoma infiltrating through the meninges. Hematoxylin and eosin stain, ×35.
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![Image of histological section](image)

Fig. 2. The canals are interlaced with the cellular sheets.
Hematoxylin and eosin stain, ×35.

blastoma arising in the right frontal lobe which grossly invaded and traversed the overlying dura and likewise grossly invaded the supra-adjacent skull. Such behavior on the part of a glioma is unique in our experience and, to our knowledge, in the literature and hence is considered worthy of a report.

CASE REPORT

Medical College of Virginia No. 62239. Mrs. E.S., a white housewife aged 21 years, was first admitted on May 23, 1949 complaining of headache, vomiting and diminution of vision. One month previously, following termination of a normal pregnancy, nausea, vomiting and daily headache with amblyopia developed.

Examination. The pupils were widely dilated and contracted only slightly to light. There was marked papilledema bilaterally. No focal neurologic signs were elicited and a presumptive diagnosis of increased intracranial pressure only could be made, without clinical localization.

1st Operation. A ventriculogram on May 23, 1949 disclosed the mass lesion to be unmistakably in the right frontoparietal region. Craniotomy was immediately undertaken. An extract of the operative note reads as follows: “After the right frontal scalp flap had been turned down, it was apparent that tumor tissue was protruding through multiple erosions in the bone through which was extending necrotic tumor tissue. After the bone flap had been reflected, the inner surface was found to contain tumor tissue in the area above the supraorbital ridge. The exposed dura was very tense with neoplastic tissue which had grown through its exposed anterior portion. Tumor tissue had extended through the dura in an area