CHORDOMA: EXPERIENCE WITH THIRTEEN CASES

JAMES L. POPPEN, M.D., AND ARTHUR B. KING, M.D.*
Department of Neurosurgery, The Lahey Clinic, Boston, Massachusetts
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It has been nearly a century since slimy, sessile tumors on the clivus
blumenbachii were first recognized. For fifty years, it has been estab-
lished that these neoplasms originated from remnants of the embryonic
chorda dorsalis. Since then, tumors of this tissue have been described arising
along the entire axis (Fig. 1) of the chorda from the sphenoid region to the
coccyx. When fragments became isolated chordomas were found in unusual

![Fig. 1. Notochord in a 3 cm. human fetus. Note similarity to the photomicrographs of
the tumors in this series.](image)

positions, such as the alveolar process of the mandible, the maxilla, tonsillar
region and superior portion of the occipital bone.¹

Chordomas that produce clinical symptoms are rare and up to the present
time only about 300 cases have been reported. Most studies on the sub-
ject have been based on one or at best a few cases. We have had experience
with 13 cases. At the Lahey Clinic, about 1800 cases of neoplasm affecting

¹ Formerly Neurosurgeon to The Lahey Clinic; now head of Neurological Surgical Section, Guthrie
Clinic, Sayre, Pennsylvania.
the central nervous system have been verified, making the incidence of chordomas less than 1 per cent in a large series. For details of incidence, of embryology, and location and pathology, many excellent reviews are available.\textsuperscript{1,3,4,5,8}

For purposes of description, chordomas can be grouped as intracranial and those arising in the spine. We encountered 7 of the former and 6 of the latter. A brief clinical résumé, together with roentgenologic findings and a short pathologic description, will be given.

**INTRACRANIAL TUMORS**

*Case 1.* A man, aged 64 years, had noticed a left visual field defect 1 year before admission. This defect gradually increased to a temporal hemianopsia. Since the age of 12 years he had been nearly blind in the right eye as a result of chorioretinitis. A course of roentgen therapy to the pituitary region was given elsewhere. At first he appeared to respond favorably but later the visual failure progressed. A short time before admission, sudden episodes of unconsciousness, lasting 2 to 3 minutes, preceded by a vague, nonlocalizing aura, made their appearance. Headaches also became prominent.

*Examination* disclosed primary optic atrophy. The vision was restricted to a small binasal field.

![Photomicrograph of tumor](image-url)