An unusual presentation of an oligodendroglioma

Case report

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The case reported is that of an oligodendroglioma presenting only as a lump on the forehead. A thin convex area of bone was found overlying the tumor.

KEY WORDS • oligodendroglioma • brain tumor • skull lesion

LOCAL calvarial involvement with intracranial neoplasms is a well recognized occurrence with meningiomas and mass lesions producing chronic elevation of intracranial pressure. We report a case of local thinning and bulging of the skull directly over an oligodendroglioma.

Case Report

This 36-year-old man noticed a lump on his forehead above the right eye 3 years before admission. He had no other symptoms, and sought no medical opinion until he developed persistent lassitude unrelated to systemic illness.

Neurological examination on admission was normal. There was a visible nontender lump above his right eye. Skull radiographs showed an oval lesion, 3 × 1.5 cm in size, in the right frontal bone above the orbit. The margins were smooth, and there was no evidence of erosion (Fig. 1). Computerized tomography scan showed an area of decreased density in the right frontal lobe that contained flecks of calcium. The bone over the lesion was thinned. There was no contrast enhancement (Fig. 2).

At operation, an eggshell-thin convex area of bone was found at the area of the radiographic skull lesion. This was removed, revealing normal dura. The mass lesion was subtotally removed, and proved to be an oligodendroglioma. The bone was histologically normal. Cranioplasty was performed, and the patient made an uneventful recovery.

Discussion

The only logical explanation for this smoothly excavated skull defect is chronic pressure. We have no adequate explanation, however, of how enough local pressure to alter bone structure could develop without causing any signs or symptoms of diffusely raised intracranial pressure.
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patients with intracranial pathology, three patients with astrocytoma had abnormal bone scans on skull imaging, but no correlation with plain x-ray films or clinical examination was provided. There were no oligodendrogliomas in the study.

This patient’s slowly growing tumor may have been present for much longer than 3 years. Why the skull offered less resistance to the mass than did the brain itself remains unknown.

References

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