

# Clinical Pathologic Conference

Dec. 5, 2014

Name of the patient: Mrs. Chen	Presented by : 神經外科	李靜宜醫師	66217 ①5 ④10
Chart Number: 1xxxxxxx	Discussed by : X 光科	陳耀亮醫師	60775 ②10
Date of admission: 2014/10/02	解剖病理科	容世明醫師	66020 ③15
Date of discharge: 2014/10/10			
	Moderator : 解剖病理科	孫建峰醫師	65837

**Chief complaint:** recurrent tumor noted by MRI during follow up 2014-8-21.

## Present illness:

This 58 year-old female patient had past history of gout and hypertension under medical treatment. According to her statements, she suffered from blurred vision since 2012. In addition, dizziness, mild nausea with intermittent vomiting, intermittent headache and unsteady gait were told. However, there were no fever, chest pain, abdominal pain, limbs weakness and numbness, stool/urine incontinence. Then, she went to our Oph OPD for help. Bilateral chronic papilledema was found. As a result, she was transferred to NS OPD for further evaluation. Brain MRI showed left frontal tumor with dural attachment and homogenous enhancement. Then, craniotomy for tumor total removal was done on 2012-06-22. Pathological report showed secretory meningioma, WHO grade I. Regular follow-up at OPD was arranged. However, one enhancing nodule under previous craniotomy flap was noted by MRI. Tumor recurrence was first considered. Therefore, she was admitted to NS ward for surgical intervention.

## Past history

1. Hypertension.
2. Gout.
3. Left frontal meningioma status post craniotomy for tumor removal on 2012-06-22

**Personal history:** denied drug abuse, no smoking, no alcohol drinking, no drug or food allergy

## Physical examination:

T:36.7°C P:66/min R:20/min BP:153/76 mmHg 身高:158.6CM 體重:81.2KG

GENERAL APPEARANCE: Fair looking

CONSCIOUSNESS: Clear and oriented, E 4 V 5 M 6

HEENT: Sclera: not icteric; Conjunctiva: not pale

Oral cavity: Intact mucosa, no thrush

NECK: Supple and no jugular vein engorgement

CHEST: Breathing sound: bilateral clear, No wheezing

HEART: Regular heart beat without audible murmur, No audible S3 or S4

ABDOMEN: Soft and flat, No superficial vein engorgement

No tenderness; No rebounding pain, Bowel sound: normal active

BACK: No knocking pain over bilateral flank area

EXTREMITIES: Freely movable, No pitting edema of bilateral legs

Muscle power: full.

DTR: all symmetric 2+

Sensory: all intact.

No cranial nerve deficit.

FNF test: no dysmentria.

**Laboratory findings:**

WBC	5.8	1000/uL	P.T	11.9	sec
RBC	4.80	million/uL	INR	1.1	
Hemoglobin	13.7	g/dL	APTT	25.1	sec
Hematocrit	40.1	%	APTT data/mean	0.88	倍數
MCV	83.5	fL	Glucose(AC)	99	mg/dL
MCH	28.5	pg/Cell	BUN	31.1	mg/dL
MCHC	34.2	gHb/dL	Creatinine	1.62	mg/dL
RDW	13.9	%	Estimated GFR	33	mL/min/1.73
Platelets	155	1000/uL	Na(Sodium)	145	mEq/L
Collagen/EPI	150	sec	K(Potassium)	4.1	mEq/L
Collagen/ADP	119	sec	AST/GOT	33	U/L

**Image findings – To be presented**

**Course and Treatment:**

After admission, pre-operative evaluation was done. Craniotomy was performed on 2014-10-03. After bone flap removal, one whitish tumor was attached to previous artificial dura. Grossly totally removal was done. Then, she was transferred to NSICU after operation. However, Broca's aphasia was noted. Otherwise, no other complication was found. During follow-up at OPD after discharge, aphasia got improved.

**Points of Discussion:**

1. Recurrence in secretory meningioma.
2. Recurrent meningioma with attachment to artificial dura.