

Clinical pathologic conference

10 Feb2017

Patient profile :	Presented by :	腦腫瘤神經外科	陳品元 醫師
年齡 : 48			
性別 : 女	Discussed by :	腫瘤科	廖繼鼎 醫師
國籍 : 台灣		影像診療科	蘇奕豪 醫師
種族 : 台灣		放射腫瘤科	高偉恆 醫師
婚姻 : 已婚		解剖病理科	容世明 醫師
職業 : 家管	Moderator :	解剖病理科	薛 純 教授

First visit: 19 JEN 2015

Chief complaint:

Delayed verbal response for one month

Present illness:

This 49-year-old woman was relative healthy before July, 2014. At that time, persistent dull headache was present despite oral analgesics using. She visited 永和耕莘 hospital, where a diagnosis of benign brain tumor was made after biopsy. She was under regular follow-up at outpatient department. However, she suffered from another episode of headache with consciousness change in September 2014. She was sent to 台北榮總 hospital, where emergent craniotomy was performed. The pathology of the brain tumor this time was glioblastoma. Therefore, she received concurrent chemotherapy and radiation therapy after operation. Follow-up magnetic resonance image suspected tumor recurrence. Dull headache and delayed verbal response were also noted sometimes. She came to our hospital and asked for 2nd opinion. Awake craniotomy is suggested.

Past history:

No diabetes mellitus, hypertension

Personal history:

No food or drug allergy history, smoking (-), alcohol (-), betel nuts (-)

Family history:

No diabetes mellitus, hypertension or cancer

Physical examination finding:

Vital signs: BT 36.8 °C ; PR: 92/min; RR: 16/min; BP: 121/79 mmHg

Body height: 143.4 cm; Body weight: 52.5 kg BMI 25.5

GENERAL APPEARANCE:

Fair looking, KPS 90

CONSCIOUSNESS:

Clear

HEENT:

Sclera: not icteric

Conjunctivae: not pale

Oral cavity: Intact oral mucosa

NECK:

Supple

No jugular vein engorgement

Trachea not deviated

No lymphadenopathy

CHEST:

Breath pattern: smooth, bilateral symmetric expansion

No use of accessory muscles

Breathing sound: bilateral clear and symmetric breathing sound

HEART:

Regular heart beat without audible murmur

No audible S3; no audible S4

ABDOMEN:

Soft and flat, no palpable mass

No tenderness, no rebounding pain

No muscle guarding

Bowel sound: normally active

BACK:

No knocking pain over bilateral flank area

EXTREMITIES:

No joint deformity

Freely movable

No leg pitting edema

SKIN:

No petechiae or ecchymosis

No abnormal skin rash

Skin intact

Neurological examination

MMSE

Delay naming response

Cranial nerve dysfunction: nil

Cerebellum sign: nil

Myelopathy, radiculopathy: nil

Autonomic system dysfunction: nil

Muscle power all full

Sensory defect: nil

Deep tendon reflex: normal

Lab data: (2015/01/25)

檢驗項目(單位)	檢驗值	檢驗項目(單位)	檢驗值
Hb (g/dL)	12.2	BUN (mg/dL)	10.3
Hct (%)	37.2	Cr (mg/dL)	0.38
MCV (fL)	94.4	AST (U/L)	21
RDW (%)	16.2	ALT (U/L)	20
Platelet (1000/mcL)	367	Na (mEq/L)	145
WBC (/mcL)	6600	K (mEq/dL)	4.1
Segment (%)	90.6		
Lymphocyte (%)	4.7		
Monocyte (%)	4.5		
Eosinophil (%)	0		
Basophil (%)	0		

Image and pathology study: To be presented

Clinical course:

She received awake craniotomy to remove two tumors totally. Adjuvant chemotherapy was given with temozolomide 300mg/ day, 5 days/month for 6 months for May to October, 2015. There is no recurrence of tumor until now.

Issue to be discussed :

1. Differential diagnosis of a multiple brain tumor.
 2. WHO 2016 classification for glioma
 3. Management of brain tumor in eloquent area.
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