Intracranial tumor as a challenge for multidisciplinary approach

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The clinical symptoms of brain tumors may be different. Sometimes are discreet, lasting for years, and sometimes worsen rapidly, even in a few weeks, days or even hours. The 59 year old patient, previously untreated for chronic diseases, was admitted to the Department of Neurology with mild headache and acute vision loss in the left eye. Neurological examination revealed blurring and loss of vision in the low-side quadrant. Radiological imaging of the head revealed the presence of a pathological mass in the left sphenoid sinus with destruction of its walls and infiltration of the optic canal and the presence of extravasated blood. Consultations with numerous specialists did not bring the clear diagnosis. Patient was not qualified for neurosurgical operation due to the difficult access to the pathological mass. Despite symptomatic and supportive treatment, the patient's condition started to deteriorate three days after admission to the hospital; there were disturbances of consciousness and weakness of the left limb and damage of the ophtalmoplegia nerves. Respiratory distress and cardiac arrest occurred shortly after. Resuscitation was unsuccessful. Only post mortem examination established the final etiology of the disease, which turned out to be quite surprising considering the symptoms and patient's medical history. This case shows how difficult it is sometimes to define the real cause of disease using conventional diagnostic methods. Different, also rare, etiological causes may, in fact, entail the same clinical symptoms, thus they should be taken under consideration at all stages of diagnostics.