

CODE: TX190 M9360/1

ID NOS: NX157606 A5823

DIAGNOSIS: PAPILLOMA OF CHOROID PLEXUS

CLINICAL HISTORY: M/40. Headaches had been becoming progressively worse for 12 months before admission to hospital. Vomiting had appeared more recently, followed by blurring of vision and diplopia. Cerebral decompression was undertaken and the tumour in the posterior fossa was considered inoperable. Death occurred two weeks after admission.

MACROSCOPIC: A pale papillary type tumour distends and distorts the fourth ventricle. The occipital haemorrhage resulted from attempts at cerebral decompression, whilst haemorrhage in the cerebellar tonsil was caused by medullary pressure coning.

MICROSCOPIC: This papillary tumour is made up of uniform cuboidal epithelium with rather sparse vascular interstitial tissue. The appearance closely mimics the normal choroid plexus.

