CEREBRAL ANGIOMA

By Yeoh Oon Swee, M.B.B.S.

L.B.C., a 23 year old Chinese man, a goldsmith by occupation, was admitted to the General Hospital, Singapore, on 19.10.57. He was quite well until 9.00 p.m. on 16.10.57, while reading a newspaper, he suddenly became giddy and had difficulty in speech. He vomited once. This was soon followed by loss of consciousness. There were no fits, and no incontinence. He regained consciousness the next morning, and found that his speech had improved but was still slurred. He was able to move his lower limbs, but was too weak to stand. Associated with this, there was a feeling of heaviness in the head. He called a medical practitioner, who gave him two injections on consecutive days, but there was no improvement, and he came to hospital. There was no previous history of loss of consciousness or fits, nor was there a similar history in the family.

On Examination: He was slim and conscious. He was afebrile. The pulse was 70 per minute and regular, and the blood pressure was 120/80. There was no abnormality in the heart, lungs or abdomen. The neck was rigid. The pupils were equal and reactive to light and accommodation. The fundi were normal. There was weakness of the right upper and lower limbs. The reflexes were exaggerated on the right side, and the plantar response was extensor on the right.

A lumbar puncture revealed a uniformly blood stained cerebrospinal fluid, with cells 70, mainly red blood cells with few lymphocytes and polymorphonuclear leucocytes, a trace of globulin, total protein 60 mgm%, sugar 56 mgm%, and chlorides 720 mgm%. The culture of the fluid was sterile.

A clinical diagnosis of subarachnoid haemorrhage was made.

Investigations: Hb. 12.7 gm%. W.B.C. 5,200: P.61%, L.23%, M.3% E.13%. Blood and C.S.F. Kahn tests were negative. Radiographs of the chest and skull showed no abnormality.

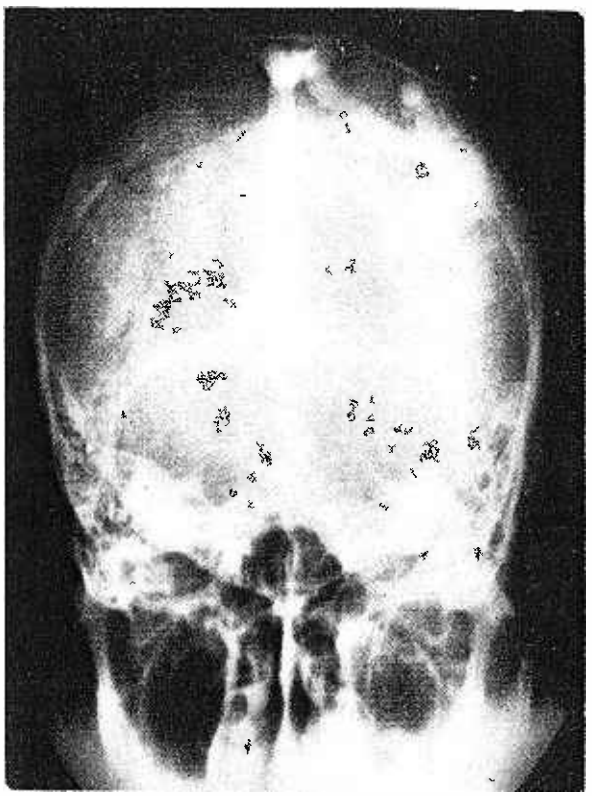

Fig. 1.

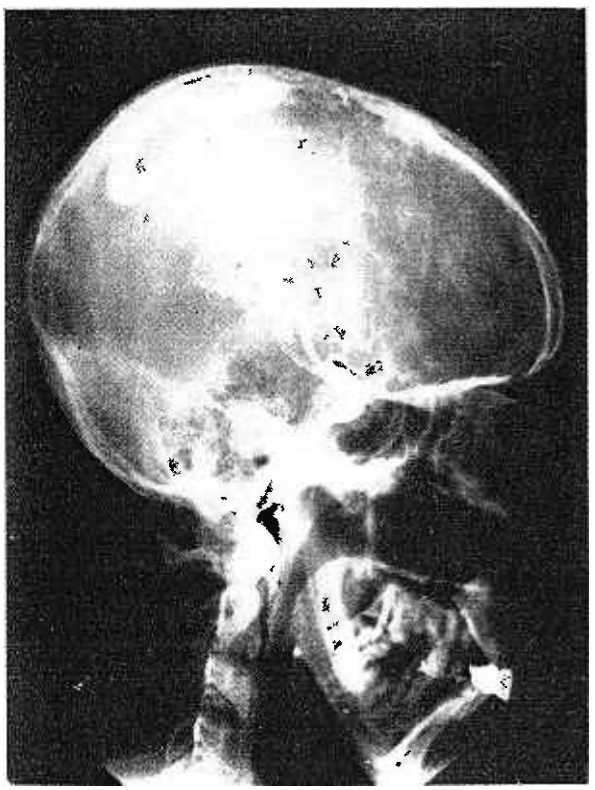

Fig. 2.

Treatment and Progress: He was confined to bed, and given sedatives. Repeated lumbar punctures gave the following C.S.F. results:

	Cells	Total Protein	Globulin	Sugar	Chlorides	R.B.C.
24.10.57	80	120 mg%	+	46 mg%	780 mg%	+++
31.10.57	100	50 mg%	trace	59 mg%	720 mg%	few
8.11.57	6	60 mg%	trace	68 mg%	740 mg%	—
14.12.57	1	30 mg%	—	+	710 mg%	—

About one week after admission, he was able to walk, though he complained of numbness of the legs and giddiness.

About three weeks later, he had a right facial weakness.

He was discharged from hospital after four weeks and was followed up as an outpatient. He had occasional giddiness, and complained of numbness of his feet and legs and occasional cramps. The power of all limbs was good and equal. The tendon reflexes were equal, but the planter response remained extensor on the right.

On 21.3.58, a left cerebral angiogram was done, and this revealed abnormally large vessels emptying into a dilated pool in the left parietal region. This angiomatous malformation was drained by a very large tortuous vein which joined the superior sagittal sinus (Figs. 1 and 2).

An electroencephalogram done on 1.4.58 showed epileptic foci in both frontal regions.

A right cerebral angiogram was done by Dr. A.L. Gwee. This was normal, except that some of the anterior cerebral vessels crossed over to join the angiomatous malformation on the left.

The patient was last seen on 27.5.58, and was quite well with no complaints. A neurosurgeon was consulted, and he advised against operative intervention.