General Articles

1. Clinical Experiences in the Intraventricular Tumors

Seishi FUKUDA, Genya ODAKE, Sigenobu TAKETOMO and Mitsuo TOYAMA

1st Department of Surgery, Kyoto Prefectural School of Medicine

Both intraventricular and paraventricular tumors are sometimes of diagnostic challenge, because of less symptomatic other than simple signs of increased intracranial pressure. The serial cerebral angiography will give the diagnostic clue, although the ventriculography is the procedure of choice. The tidal drainage of the ventricle without delay will play an important role for the clinical management and practically make further studies easier. The patients should be subjected to the craniotomy in better condition following the initial ventricular decompression.

The cases presented here are included 5 cases in the lateral ventricle, 5 in the 3rd ventricle and 7 in the 4th ventricle as shown in the table. Some of interesting points are discussed briefly.

For the diagnostic point of view, the abnormal calcification on the plain skull film for case No. 1 and typical or atypical signs of epiloia (Adenoma sebaceum, epilepsy and mental deficiency) for case No. 3 and 2 associated with angiographical findings of tumor stain adjacent to the area of Foramen Monro read us to consider possible meningioma in the lateral ventricle and tuberosc sclerosis respectively. Angiographical findings especially that of deep cerebral veins are most important for the group of tumors in the 3rd ventricle.

These are demonstrated in cases No. 6 and 10. Anatomical relationship to the adjacent structure is confirmed by pneumoventriculography in both cases, followed by indwelling ventricular drainage to improve clinical symptoms before definitive surgery done. As far as diagnosis of tumors in the 4th ventricle is concerned, myelographic ventriculography is superior to pneumoventriculography.

For the therapeutic point of view, Meningioma in the lateral ventricle occurs chiefly in the vicinity of the trigone and the way of approaching to the tumor is proposed by several authors. In our case, left the patient transitory homonymous hemianopsia and 1/4 homonymous hemianopsia through the linear cortical incision on the left superior temporal gyrus. These complications might be avoidable through the occipitoparietal incision as proposed by Cramer. Co-therapy is sometimes reliable. We have an experience in pontine glioma treated with radiation alone without surgery. For the case No. 10 temporary cure was obtained by biopsy followed by Co-therapy.

As to the surgery in the 4th ventricle, we should be well oriented anatomically with reference to the floor of the ventricle which is markedly distorted by the tumors. The case No. 15 of medulloblastoma shows no signs of recurrence for two years after the total removal followed by radiation therapy. Moreover, without indwelling ventricular drainage at once she would not have survived, for she was in coma upon arrival at the hospital.

No.	Case	Age	Sex	Ventricle	Histology	Operative results Immediate, Late
1.	T.T.	19	M	L-Lat. (I. V.)	Meningioma	Recovery
2.	K.H.	18	M	L-Lat. (I. V.)	Tub. Sclerosis	died (5 days)
3.	M.S.	8	M	R-Lat. (I. V.)	Tub. Sclerosis	Recovery
4.	I.K.	58	M	R-Lat. (P. V.)	Astrocytoma	Recovery died (6 Ms)
5.	T.N.	63	M	L-Lat. (P. V.)	Ependymoma	Recovery died (3 Ms)
6.	T.Y.	31	M	3rd V. (P. V.)	Glioblastoma	died (2 days)
7.	H.Y.	4	F	" "	Craniopharyn.	Recovery died (12 Ms)
8.	M.Y.	6	F	" "	Astrocytoma	Morbid died (7 Ms)
9.	K.T.	7	M	" "	Craniopharyn.	Recovery
10.	T.N.	34	M	" "	Oligodendro.	Recovery died (9 Ms)
11.	N.F.	13	F	4th V. (I. V.)	Plex. Papillom	Morbid
12.	K.I.	12	M	4th V. (P. V.)	Medulloblast.	Morbid died (8 Ms)
13.	T.S.	47	M	" (P. V.)	Ependymoma	died (2 days)
14.	M.Y.	44	M	" "	Spongioblast.	Recovery died (6 Ms)
15.	K.H.	8	F	" "	Medulloblast.	Recovery
16.	H.K.	3	M	" "	Spongioblast.	Recovery
17.	K.K.	16	M	" "	Spongioblast.	Recovery

2. Studies on Cytodiagnosis for Neoplasms of the Central Nervous System

Masahisa MATSUMOTO, Noriko MIURA, Tomio TSUCHIDA
and Yoshiaki MAYANAGI

Department of Neurosurgery, Central Hospital of Japanese National Railways

Masayoshi TAKAHASHI

Department of Pathology, Central Hospital of Japanese National Railways

Cytological examinations were performed on 24 cases which were suspicious for tumor. As methods of the study, cystic fluid and needle aspirations were used in addition to routine cerebrospinal fluid. A small amount of fluid specimen