

CEREBRAL TUMOR

This 6 year old girl presented with an eight-week history of morning vomiting, occipital headaches and lethargy. She was previously very active and doing well at school, but had recently become withdrawn and quiet. Her parents noticed slurring of speech and unsteadiness on walking, the day before admission.

She was born by Caesarean section at term, reached normal developmental milestones, and her past medical history is unremarkable. She is not on any medication and has no known drug allergies. There is no family history of any hereditary diseases. She lives with her parents and has one older sister.

On examination, she was awake and fully orientated, with a GCS score of 15. She was afebrile and general examination was unremarkable. Both pupils were equal and reactive to light. Eye movements were full but there was nystagmus on upward gaze. There were early signs of papilloedema. Motor and sensory examination and reflexes were all normal. Romberg's test was negative, but she was ataxic on walking, tending to fall towards her right hand side. My provisional diagnosis was of a cerebellar lesion, possibly due to a tumour.

An MRI scan revealed a large, solid mass in the mid-cerebellar area and midbrain. The appearances are those of a medulloblastoma. The immediate plan is to resect the tumour using a posterior fossa craniotomy, possibly followed by chemotherapy or radiotherapy.



Pre-operative axial MRI of head (T2-weighted). This shows a large mass of heterogeneous appearance, replacing the midbrain and central cerebellum.(image: cerebral tumor)