sheaths, and anterior horn cells but no abnormalities in dorsal and ventral roots or in dorsal root ganglia. A sural nerve biopsy study indicated axonal neuropathy. A necropsy study showed destruction of anterior horn cells but no abnormalities of dorsal root ganglia and peripheral nerve. Therefore the damage in this neuropathy could be located in the axon or in the nerve cell body. The studies carried out on our patient are characteristic of a pure axonal degeneration, but a coexisting lesion in the anterior horn cell cannot be ruled out.

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Trigeminal neuritis due to contralateral meningioma of the posterior cranial fossa

Posterior fossa meningiomas are uncommon intracranial tumours, accounting for about 10% of all intracranial meningiomas. They are now easily diagnosed by CT, but sometimes they grow very large before becoming evident. Impairment of ipsilateral cranial nerves (most often the 5th, 7th, 8th, and 9th nerves), cerebellar ataxia, and signs of increased intracranial pressure are the symptoms presenting most often. Infrequently the tumour may cause contralateral cranial nerve involvement, which confuses the diagnosis.

We report a case of meningioma of the posterior cranial with contralateral typical trigeminal neuritis as the main symptom. A 58 year old married woman complained of a right typical trigeminal neuritis of about one year’s duration, involving all three divisions of the nerve and described as “electric-like bursts”, triggered by eating. She had received 600 mg carbamazepine daily without effect.

Neurological examination showed only a minimal unsteadiness of gait and a fine horizontal nystagmus. The rest of the neurological examination was normal, in particular the corneal reflexes were preserved and there was no hypotension or hypogalactia over

the face and forehead. EEG and oto logical findings such as audiometry, caloric responses, electroneyelagram, and brainstem auditory evoked response were normal.

CT of the head showed a contralateral (left sided) high density lesion of the posterior fossa.

Panhypopituitarism after cavernous sinus thrombosis

Anterior hypopituitarism is a rare late complication of cavernous sinus thrombosis. 1,2 Posterior hypopituitarism has not as yet been described. We report a 27 year old woman who presented eight months after septic cavernous sinus thrombosis with an Addisonian crisis and diabetes insipidus in association with a urinary tract infection.

The previously well woman gave a six month history of headache, increasing in the week before admission, and was found to have meningism. Her menses had been normal up to the time of admission. Measurements in CSF obtained by lumbar puncture gave a protein concentration of 43 mg/l, a normal glucose concentration (5-2 mM with a blood glucose of 7-5 mM), and a white cell count of less than 5 cells/mm3. No organisms were found. The next day she became drowsy (but obeyed commands) and pyrexial (38°C). She had a pulse of 80 beats/min and a blood pressure of 130/80 mmHg and was transferred for further assessment. There was no evidence of facial swelling with a right proptosis. She had no perception of light on the right but normal acuity (4/5) and pupillary responses on the left. The right fundus showed retinal venous congestion, with dilated veins and a dilated pupil. There was a complete right external ophthalmoplegia, with limitation on the left of elevation and depression with absent abduction, but normal adduction. The remainder of the examination was normal. A cranial CT showed opacification of the sphenoid sinus and part of the ethmoid sinuses, filling defects in the cavernous sinuses after intravascular contrast and congestion of the orbital veins and proptosis. The pituitary appeared normal. There was a small low density area in the right frontal lobe consistent with ischaemia. A diagnosis of septic cavernous sinus thrombosis secondary to sphenoid sinusitis was made. Her electrolytes were normal. She was started on penicillin, chloramphenicol, and metronidazole. Exploration of the right sphenoid sinus yielded pus and a pneumococcus was grown from blood cultures. She improved...