

LAYOUT FOR SUBMISSION OF CASE HISTORY, CANP 2018

J. M. Carter¹ and L. Resch²

¹Division of Anatomical Pathology, University of Alberta, Edmonton, AB; ²Division of Neuropathology, University of Alberta, Edmonton, AB.

In late 2006, this previously well, highly functioning 84 year-old woman presented with a six month history of progressive stumbling. Review of systems revealed an unintentional twenty-five lbs weight loss over the preceding six months. Medical history was significant only for long-standing, medically-controlled hypertension. Physical examination revealed truncal ataxia but was otherwise non-contributory.

MR imaging of the brain revealed a brightly enhancing, well-demarcated lesion in the foramen magnum (greatest dimension 3.5 cm) extending into the fourth ventricle with compression of the medulla. In addition, leptomeningeal enhancement around the basilar artery and brainstem was noted. A clinical and radiological workup for systemic malignancy was negative.

Within one month of initial evaluation, the patient underwent a posterior fossa craniotomy. A well-circumscribed mass originated from the roof of the fourth ventricle and a gross total resection was performed.

Post-operative MR imaging immediately after resection revealed no residual fourth ventricular mass; however, six months after surgery, MRI demonstrated significant enhancement of the leptomeningeal lesion and a new lesion in the medulla. The patient died ten days later.

Materials submitted: one representative H&E stained section.

Questions: Diagnosis?
 Is this a real diagnostic entity?

CONFLICTS OF INTEREST:

See attached CANP Disclosure of Conflict of Interest form.