Canadian Association of Neuropathologists
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CASE No 2

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The patient was a 45 year-old lady whose medical history may be summarised as follows:

Age 30: sensory and motor deficits in both legs and in left arm**; one left occipital lesion and one lesion in the cervical cord**; proposed clinical diagnosis: MS; treatment with Interferon; no response; discontinued.

Age 39: generalized tonic-clonic seizure; MRI showed increase in the size of the occipital lesion.

Age 41: progressive dysphasia and left homonymous hemianopsia; PET scan showed hypometabolic left parietal/occipital lobe (radiological diagnostic hypothesis was lymphoma/high grade glioma); CSF revealed 3 oligoclonal bands; serum for HIV, VDRL & cryptococcus all negative; PPD was negative.

Age 42: speech difficulties and left homonimous hemianopsia; brain biopsy done

Age 44: clinical deterioration; MRI showed slight progression of the size of the occipital lesion; there was no response to chemotherapy.

Age 45: brain surgery with 90% excision of the occipital lesion; great improvement of symptoms.

Material Submitted: Slides are from the surgical resection of the lesion in 2008

Questions:
- What is the nature of this lesion?
- What additionnal stains/immunohistochemistry should be performed?
- What is the pathological diagnosis?
- What are the implications of this diagnosis?