20th Annual Diagnostic Slide Session

Case 1

There was no disagreement as to the diagnosis of mesenchymal chondrosarcoma, primary in dura (Cancer 42:2744, 1978; J. Neurosurg. 48:829, 1978; Arch. Path. Lab. Med. 103:239, 1979). The presenter pointed out that the prognosis is not good.

Case 2

The final diagnosis was subacute necrotizing meningioencephalitis with giant cells. No etiologic agent was demonstrated.

Case 3

The final diagnosis was malignant epitheloid Schwannoma (Cancer 38:1977, 1976). The patient subsequently underwent an amputation. The tumor was confined to the nerve.

Case 4

The final diagnosis was meningioencephalitis due to Acanthamoeba.

Case 5

Additional information was presented that the patient had a pontine glioma. Electron microscopy of the esoinophilic cytoplasmatic material, as well as special stains showed structures consistant with Rosenthal fibers. The final diagnosis was meningeal gliomatosis.

Case 6

Although several different names were suggested for this tumor, the general consensus was that it represented a benign form of congenital fibromatosis (Perspectives in Pediatric Pathology), Vol. 4, p. 269, 1978).

Case 7

There was no consensus as to diagnosis but most commentators felt that the lesion was a glioma. Other commentators felt that the bizarre cells were dysplastic and the lesion was hamartomatous. There was general agreement that the lesion was not progressive multifocal leukoencephalopathy or Alexander's disease. The presenters felt that the lesion was a residual glial proliferative reaction which was infectious in origin.

Case 8

There was no consensus as to diagnosis in this encephalitis. The possibility of a lymphoproliferative order and radiation necrosis was raised.

Case 9

There was no disagreement as to the diagnosis of ganglioglioma. Several commentators felt that this represented a differentated neoplastic external granular layer cells seen in the original biopsy of the cerebellum. The presenter presented both chemical and histochemical evidence that the dense cone vesicles associated with this tumor did not contain monoamine transmitter but more likely neurosecretory polypeptide.

Case 10

The final diagnosis was familial infantile feline neuroaxonal dystrophy.