

AANP

22nd Annual Diagnostic Slide Session

Van Couver

1981

Case 1

The diagnosis was cysticercosis. (Surg. Neurol 7:125, 1977; J. Comput. Assist. Tomogr. 3:694, 1979).

Case 2

The diagnosis was chondroid chordoma. Some portions of the tumor showed the typical histology of chordoma. Of approximately 250 chordomas treated at the Mayo Clinic, 80 were sphenoccipital lesions and about one third showed variable cartilage differentiation. Although nearly all patients go on to die, the presence of any cartilage indicates a significantly improved prognosis. (Cancer 32:410, 1973).

Case 3

There was involvement of the neurons generally as well as the reticulo-endothelial system in this storage disease. The diagnosis was G.M.1, Type II, gangliosidosis (Derry's disease).

Case 4

There was no general agreement as to diagnosis. By EM the tumor showed microvilli, junctional complexes, and cilia. The diagnosis of the presenters was ependymoma. Other diagnoses were papillary meningioma, esthesioneuroblastoma, and medulloepithelioma (with ependymal differentiation).

Case 5

The diagnosis was rheumatoid pachymeningitis.

Case 6

There was general agreement that this was a hamartomatous lesion to which the name meningiogliomatosis is applied. It is often associated with von Recklinghauser's disease (Human Pathology 9: 309, 1978).

Case 7

The diagnosis was papulosis atrophicans maligna (Kohlmeier-Degos disease). (Ann. Neurol 3:388, 1978; Neurol, 26:317, 1976).

Case 8

The diagnosis was Hallewörden-Spatz disease with wide spread neurofibrillary tangles. The histopathology is similar to that seen in Parkinsonism-dementia complex.

Case 9

The diagnosis was mixed herpes simplex and cytomegalovirus encephalitis. Several participants reported also seeing toxoplasms. The finer cytoplasmic inclusion of CMV have often been confused with toxoplasma (Amer. J. Med. 66:270, 1979; Lancet (2) 8050:1227, 1977; Acta Neuropath. 33:153, 1975; Amer. J. Dis. Child. 126:860, 1973).