

**46th ANNUAL DIAGNOSTIC SLIDE SESSION, 2005  
REFERENCES AND DIAGNOSES**

**MODERATOR: E. Tessa Hedley-Whyte, M.D.**

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**Case 2005-10**

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**Diagnosis: Clear cell ependymoma**

**Comment:** This bifrontal mass was cystic. Tumor cells were strongly positive for glial fibrillary acidic protein (GFAP) on ICC, and occasional cells were also positive for EMA. There were zones of necrosis in the tumor, but no palisading necrosis. The Ki-67 labeling index was 3%. Tumors of this sort infrequently cross the midline. They are most commonly supratentorial, and they may have aggressive behavior. As with this tumor, clear cells ependymomas usually have sharp borders on histological examination.

From the Presenter: Clear cells are well known as a focal change in ependymomas, but tumors composed primarily of these cells (clear cell ependymoma) are rare. The differential diagnosis includes metastatic clear cell tumors, hemangioblastoma, neurocytoma and oligodendroglioma (which is what many of these tumors are mistakenly labeled).

**References:**

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Min KW, Scheithauer BW: Clear cell ependymoma: a mimic of oligodendroglioma: clinicopathologic and ultrastructural considerations. Am J Surg Pathol 1997; 21:820-826.

Fouladi M, Helton K, Dalton J, et al: Clear cell ependymoma: a clinicopathologic and radiographic analysis of 10 patients. Cancer 2003; 98:2232-2244