### 47th ANNUAL DIAGNOSTIC SLIDE SESSION, 2006 REFERENCES AND DIAGNOSES

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

# EDITOR: Leroy R. Sharer, M.D.

## Case 2006-9

**Submitted by:** Douglas Anthony, M.D., Ph.D., Dept. Pathology, University of Missouri, Columbia, MO, 65212, and Umberto DeGirolami, M.D., Brigham and Women's & Children's Hospitals, & Harvard Medical School, 75 Francis Street, Boston, MA, 02117

#### Diagnosis: Secretory meningioma with metastatic lobular breast carcinoma

**Comment:** <u>From the Presenter</u>: The patient's original breast cancer was a large (6cm) in situ and invasive lobular carcinoma, with 7 of 14 nodes positive at the time of radical mastectomy. She had a local chest wall recurrence, and later developed bony metastases. However, she had been relatively stable with weekly Taxol and monthly Pamidronate, up to the time of her neurologic presentation. The metastatic cells were cytokeratin (CAM 5.2)+, ER+, PR+, and GCDFP+ (consistent with the original breast cancer phenotype), while the meningioma was CEA+, ER-, CAM 5.2- and PR+ with PAS+ globules (typical of secretory meningioma).

#### **References:**

Caroli E, Salvati M, Giangaspero F, et al: Intrameningioma metastasis as first clinical manifestation of occult primary breast carcinoma. Neurosurg Review 2006; 29:49-54.

Doron Y and Gruszkiewics J. Metastasis of invasive carcinoma of the breast to an extradural meningioma of the cranial vault. Cancer 1987; 60:1081-1084.

Tally PW, Laws ER, and Scheithauer BW: Metastases of central nervous system neoplasms. Case report. J Neurosurgery 1988; 68:811-816.