

**49th ANNUAL DIAGNOSTIC SLIDE SESSION, 2008
DIAGNOSES AND REFERENCES**

MODERATOR: Anthony T. Yachnis, M.D.

EDITOR: Leroy R. Sharer, M.D.

Case 2008-7

Submitted by: Richard J. Perrin, M.D., Ph.D. and Arie Perry, M.D., Division of Neuropathology, Department of Pathology and Immunology, Washington University School of Medicine, St. Louis, MO 63110

Diagnosis: Lymphomatoid Granulomatosis, WHO grade III, involving cortex, brainstem, spinal cord, skin and lung

Comment: There was angiocentric involvement, with atypical cells that were positive for the B cell marker CD20, with more benign appearing CD3 positive T cells also present. Reticulin stain showed reticulin proliferation about involved vessels. In situ hybridization of lesions showed strong positivity for EBV. Some members of the audience noted the presence of intranuclear inclusions in the lesions, suggesting an alternative or additional diagnosis of varicella-zoster virus (VZV) infection, but PCR of CSF was negative for VZV, according to information provided by Drs. Perrin and Perry. Lymphomatoid granulomatosis (LG) is considered to be a variant of diffuse large B cell lymphoma. 26% of cases of LG have involvement of the central nervous system.

References:

Hochberg EP, Gilman MD, Hasserjian RP: Case 17-2006: A 34-year-old man with cavitory lung lesions. *N Engl J Med.* 2006; 354:2485-2493.

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Katzenstein AL, Carrington CB, Liebow AA: Lymphomatoid granulomatosis: A clinicopathologic study of 152 cases. *Cancer.* 1979; 43:360-373.

Patsalides AD, Atac G, Hedge U, Janik J, Grant N, Jaffe ES, Dwyer A, Patronas NJ, Wilson WH: Lymphomatoid Granulomatosis: Abnormalities of the Brain at MR imaging. *Radiology.* 2005; 237:265-273.