50th ANNUAL DIAGNOSTIC SLIDE SESSION, 2009
DIAGNOSES AND REFERENCES
MODERATOR: Anthony T. Yachnis, M.D.
EDITOR: Leroy R. Sharer, M.D.

Case 2009-2

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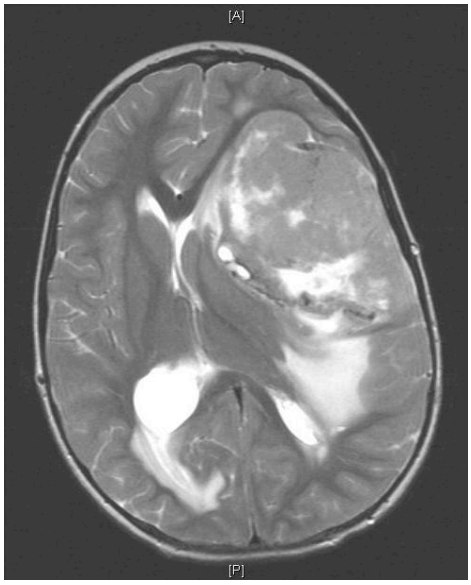
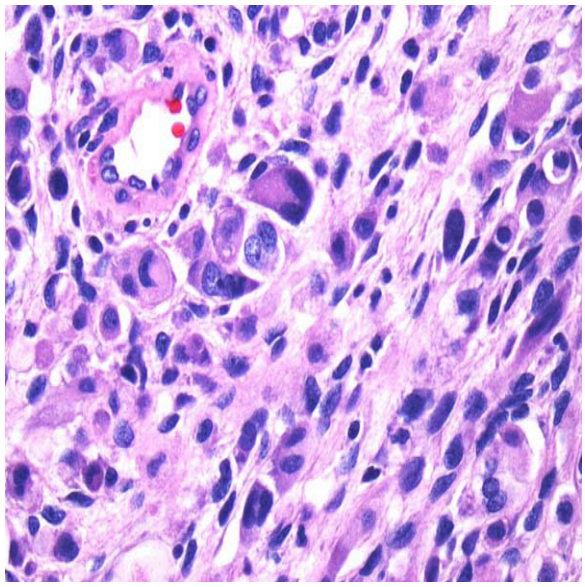
This 5 year old girl presented with a 4 month history of primarily morning headaches and vomiting. In addition she had a 1 month history of right facial droop and left gaze preference. MRI was performed and subsequently a partial resection was performed. After embolization a second craniotomy achieved gross total resection of the mass including a 1cm area that was thought to be the attachment of the mass to the dura.





Diagnosis: Primary meningeal melanoma

Comment: Various diagnoses were entertained by members of the audience, including pleomorphic xanthoastrocytoma (PXA) and desmoplastic infantile ganglioglioma (DIG). The tumor cells were immunopositive for S-100 protein, vimentin and Melan A, but negative for HMB-45. Occasional cells were positive for GFAP, and the tumor had extensive reticulin proliferation.

References:

Allcutt D, Michowiz S, Weitzman S, et al: Primary leptomeningeal melanoma: an unusually aggressive tumor in childhood. Neurosurgery 1993; 32:721-729.
Brat DJ, Giannini C, Scheithauer BW, Burger PC: Primary melanocytic neoplasms of the central nervous system. Am J Surg Pathol 1999; 23:745-754.
O'Brien TF, Moran M, Miller JH, Hensley SD: Meningeal melanocytoma, an uncommon diagnostic pitfall in surgical neuropathology. Arch Pathol Lab Med 1995; 119:542-546.