

56th ANNUAL DIAGNOSTIC SLIDE SESSION 2015.

CASE 2015 1

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Clinical History:

This 54yo right handed woman had a recent near gross-total resection of a right parieto-occipital glioblastoma. The tumor was characterized as IDH1-wild-type, EGFR amplified, Met non-amplified, MGMT methylated, and positive for mutations in PTEN and TP53. Approximately 1 month following her initial resection, before the initiation of chemoradiation, she presented to an outside hospital ED complaining of worsening cognition, visual-spatial deficits, right-sided headache, nausea, vomiting, and gait difficulties. Imaging showed a large cystic and solid lesion in the right parietal lobe with multiple foci of nodular enhancement associated with 8mm of midline shift. She underwent re-resection for presumed recurrent tumor.

Material submitted:

One H&E stained slide

Points for discussion:

1. Diagnosis
2. Pathogenesis and prognosis