

56th ANNUAL DIAGNOSTIC SLIDE SESSION 2015.

CASE 2015- 5

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Clinical History: A 54 year-old Caucasian male, status post renal transplant 10 years prior due to IgA nephropathy chronic immunosuppression (CellCept and prednisone), presented with progressive left sided weakness. He had first noticed weakness and clumsiness in his left hand about 5-6 weeks prior to admission with more recent onset of tripping over his left foot and severe headaches. He had slowly developed more difficulty with his daily activities including handwriting, dressing, and grooming. Initial MRI scans showed a new enhancing right frontal mass with extensive edema. He denied any loss of consciousness, confusion, seizures, and changes in vision or hearing. He had no relevant travel history, no exotic pets, and lived in a rural area of Nebraska. A biopsy of the lesion was performed.

Material submitted:

1. Initial MRI images of brain (T1 and T2 coronal FLAIR post gadolinium enhancement)
2. H&E section of biopsied lesional tissue (virtual slide)

Points for discussion:

1. Differential diagnosis
2. Diagnosis
3. Treatment considerations