

DSS 2015-8

Submitted by: Sanda Alexandrescu, M.D. ¹, Matthew Wood, M.D., PhD. ¹, Andrew Bollen, M.D. ¹, Emma Du, M.D. ², Arie Perry, M.D. ¹
Department of Pathology, University of California San Francisco, San Francisco, CA ¹.
Department of Pathology, Scripps Clinic Medical Group, Inc., La Jolla, CA ².

Clinical History:

The patient is a 26-year-old man with a medical history of 10 years of progressive right lower extremity weakness and recent onset of urinary dysfunction. A recent neurologic examination was positive for right lower extremity weakness, diminished pinprick and touch sensation, and patellar and Achilles tendon areflexia. Non-contrast magnetic resonance imaging (MRI) of the lumbar spine showed a 9 cm intramedullary tumor that extended from T9 to T12 vertebrae. The tumor had a cystic component distally, and it was isointense compared to the cord on T1 sequences and hypointense on T2 sequences. A biopsy was performed and submitted for evaluation.

Material submitted:

- 1) One hematoxylin-eosin-stained slide
- 2) Two hematoxylin-eosin photographs from areas not represented on the slide

Points for discussion:

- 1) Differential diagnosis
- 2) Ancillary studies

