

63rd ANNUAL DIAGNOSTIC SLIDE SESSION 2022

CASE 2022-9

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Clinical History: 5-year-old boy who presented to the ED with acute onset nausea and vomiting. Examination revealed possible rebound tenderness to abdominal palpation and ultrasound was equivocal for appendicitis. Appendectomy showed grossly normal appendix and patient was found to have a fixed, dilated right pupil on waking from anesthesia. Head CT demonstrated a right frontal lobe mass. He was taken to the OR for resection of likely abscess. No preoperative MRI was performed.

Intraoperatively, the mass was found to distend the dura and, upon incision, was described as a partially hemorrhagic and necrotic, friable lesion without associated brain parenchyma, but adherent to white matter and pia. The gross impression suggested an abscess, though no pus was identified. There was no obvious bony or dural attachment. The white matter abutting the lesion was edematous. The lesional tissue was removed with gross total resection.

Material submitted: H&E section of the right frontal mass

Points for discussion:

1. Differential diagnosis and immunohistochemical work-up of myxoid neoplasms of the CNS
2. Review the literature relevant to the diagnostic entity