

Case 2006-08

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Clinical History: The patient is a 54-year-old female who initially presented to the ER with a 3-week history of nausea, vomiting and headache. Physical examination was non-contributory. A CT scan showed an enhancing lesion in the left cerebellum with compression of the 3rd and 4th ventricles. MRI revealed a 2.7 cm solid lesion within the left cerebellum, with surrounding edema and prominent blood vessels in and around the tumor, suggesting a diagnosis of cerebellar hemangioblastoma vs. metastatic neoplasm. A CT scan of the lungs revealed multiple lesions ranging from 4 mm to 2 cm, for which a wide differential diagnosis was considered (granulomas, hamartomas, and carcinoma). The brain lesion was removed and histopathology was compatible with a cerebellar hemangioblastoma. A fine needle aspiration of one of the lung lesions was performed, and showed cytological features compatible with the cerebellar tumor. Post operative CT scan and MRI of the brain showed no evidence of residual tumor, and only blood in the resection cavity. The patient's post operative course was complicated by Hemophilus influenzae pneumonia and deep vein thrombosis of the leg, for which she was treated and subsequently discharged.

Past Medical History: Her medical history is significant for diabetes mellitus and hypertension, both under control, and hepatitis C infection.

Family/Social history: She is married, with adopted children. She works in a pathology lab. Family history is not relevant for cancer or renal tumors.

Present history and hospital course: One year later, she presented with recurrence (5 x 4 cm) of the cerebellar lesion with midline involvement. A wide excision under Stealth guidance was performed. Histopathology showed the same tumor, but with increased proliferative activity (Ki67 expression). Her postoperative course this time was complicated by bleeding and hematoma formation at the resection site, which recurred after initial drainage. The patient did poorly following her second surgery and progressed to brain death. An autopsy was not performed.

Material Submitted: H&E stained section of the initially resected cerebellar tumor
One unstained slide.

Points for discussion: 1. Diagnosis 2. Differential diagnosis