

CASE 2012-6

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**Clinical History:**

10 years ago, a 24-year-old woman underwent excision of a left frontal lesion that was diagnosed as pilocytic astrocytoma. Slides of this resection were not available for review. She subsequently underwent radiation therapy. Tumor recurred and was resected 3 years later. A second recurrence 4 years after that was also resected. At this time the patient underwent chemotherapy, but her symptoms did not resolve. A fourth resection was performed the next year and the patient underwent a second course of radiation therapy. Subsequent progression of disease led the patient to seek further treatment options.

Imaging showed the previous left frontoparietal craniotomy site as well as an adjacent large mass in the fronto-temporal operculum extending into the deep frontal lobe. There was an associated 7 mm midline shift. There was extensive patchy enhancement that was felt to represent tumor versus post-radiation changes. A partial resection of tumor was performed. Intra-operatively, there was a clear surgical plane.

**Material submitted:** H&E sections of tumor.

**Points for discussion:** 1. Diagnosis  
2. Evolution of lesion

**Learning objectives:** 1. To recognize unusual tumor variants  
2. To become familiar with tumor evolution over multiple recurrences and chemoradiation.