

55th ANNUAL DIAGNOSTIC SLIDE SESSION 2014.

CASE 2014 – 9

Submitted by: Jesse Lee Kresak, MD, Marie Rivera-Zengotita, MD, Ahmed Alkhasawneh, MD, Samer Al-Quran, MD, Anthony T. Yachnis, MD

University of Florida College of Medicine, 1600 SW Archer Rd, PO Box 100275, Gainesville, FL, 32610

Clinical History:

A 64-year-old female presented with constant right-sided frontal headache that radiated to her cheek and jaw for one month. The patient had a past medical history of cervical cancer, myelofibrosis secondary to polycythemia vera, splenomegaly, and GERD. She had been receiving blood transfusions approximately every 3 weeks and had been hospitalized 3 weeks prior for urosepsis secondary to nephrolithiasis.

An MRI study on admission revealed 2 extra-axial posterior fossa lesions along the inferior cerebellar surfaces that showed variable post-contrast enhancement (left and center image). The left lesion measured 2.5 x 1.2 cm and showed evidence of perilesional edema by T2 (right image) and FLAIR images. The right lesion measured 1.1 x .05 cm. Susceptibility weighted images suggested hemosiderin deposition.

A surgical procedure was performed, which yielded the tissue submitted for study.

Material submitted:

MRI of brain and H&E stained section of left cerebellar lesion

Points for discussion:

1. Diagnosis
2. Etiology

