

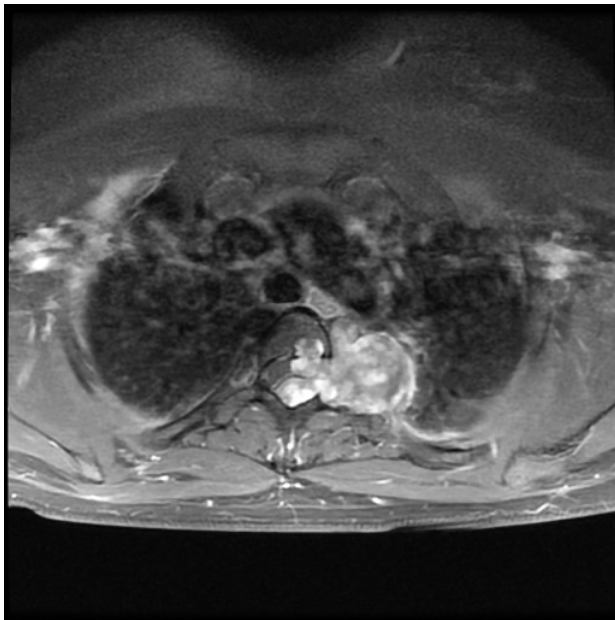
CASE 2016-3

Submitted by: Elaine S. Keung, MD, MPH and Patrick Malafronte, MD.

Walter Reed National Military Medical Center  
Department of Pathology and Laboratory Medicine  
8900 Wisconsin Avenue  
Bethesda, MD 20889-5600

**Clinical History:**

Patient is a 23 year old previously health female seen in ophthalmology for bilateral scleritis with new symptoms of right eye chondritis. She was referred to rheumatology for a workup and was incidentally found to have a large posterior mediastinal mass on imaging. MRI revealed a 5cm mass centered on the left neural foramen at the level of T3-T4 causing moderate spinal canal stenosis in the intraspinal component. The radiologic differential diagnosis was a neuroblastic tumor or nerve sheath tumor. The patient had an unremarkable neurologic physical exam. A core biopsy of the lesion and a subsequent resection was performed. Initial MRI images of spinal cord included: Non-contrast Axial T2 (left) and Post-contrast Axial T1 fat saturated (right)



**Material submitted:**

1. H&E stained section of resection (virtual slide)

**Points for discussion:**

1. Differential diagnosis
2. Prognosis

