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CASE 2018-5

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Clinical History:

The patient is a 6-year-old male who presented with a two week history of headaches with recent nausea and vomiting. His PCP diagnosed strep throat, and treatment with antibiotics failed. While getting additional labs drawn, the patient had acute onset of left sided facial drooping, and was brought to the ER. MRI of the brain with and without contrast showed a 5.2 cm avidly enhancing, extra-axial mass in the left cerebellopontine angle with extension into the internal auditory canal. A left retrosigmoid craniotomy and gross total resection were performed at the University of Virginia.

Material submitted:

MRI image of brain demonstrating a left CPA mass, and an H&E section of the mass.

Points for discussion:

1. What is the final integrated histomolecular diagnosis of this left CPA mass?
2. What is the most common molecular genetic alteration in lesions of this type?