

**49th ANNUAL DIAGNOSTIC SLIDE SESSION 2008.**

**CASE 2008 - 6**

Submitted by:

Amy M Rojiani MD, PhD,  
Department of Pathology and Cell Biology,  
Moffitt Cancer Center,  
University of South Florida,  
12901 Bruce B Downs Blvd. MDC 11,  
Tampa, FL 33612

**Clinical History**

A 48 year old female presented 4 years prior with pain and inflammation involving the bridge of her nose. Approximately one year later she developed similar symptoms involving the cartilaginous portion of her left ear. Shortly thereafter, she developed scleritis and was started on oral corticosteroids. Her scleritis became intermittent and bilateral and was refractory to prednisone doses of less than 30mg daily as well as several drugs including azathioprine and methotrexate. The patient was eventually treated with a combination of etanercept and methotrexate and did well. She was weaned off her corticosteroids and later her methotrexate. She remained asymptomatic on etanercept monotherapy for approximately 6 months until she developed headaches and right upper extremity paresthesias. An MRI of the brain was obtained, and the etanercept was discontinued. She denied fevers, chills, diplopia, nausea or vomiting. Erythrocyte sedimentation rate (ESR) was 125. CSF cultures and tests for acid fast bacilli were negative by polymerase chain reaction method. A routine chest x-ray did not reveal any pulmonary infiltrates or hilar adenopathy. MRI of the brain with and without gadolinium enhancement revealed a homogeneously enhancing extra-axial mass that tracked along the left fronto-parietal regions of the convexity. There was diffuse thickening of the dura at multiple locations, with minimal mass effect. The patient underwent a resection of the dural-adherent mass. She continues to be followed and remains stable on current therapy.

Material submitted: H&E section of dural-adherent mass.

Points for discussion: Diagnosis

