Several discussants raised the question of whether this was a xanthoma related to hypercholesteremia or histiocytosis X. The patient had a normal serum cholesterol and electron microscopy failed to reveal Birbeck-Langerhans granules or phagocytosis of plasma cells by histiocytes. The presenter's diagnosis was xanthogranuloma in systemic Weber-Christian disease.


Case 2

The diagnosis was pleomorphic xanthoastrocytoma.


Case 3

There was no general agreement on the diagnosis in this case. Most commentators felt that this was a neuroectodermal dysplasia related to tuberous sclerosis. Others, however, thought that this was a reactive gliosis secondary to a destructive process occurring in a malformed brain. A diagnosis of gliomatosis was also suggested.

Case 4

The diagnosis was subacute sclerosing panencephalitis.


Case 5

The discussion centered around the question of whether this case should be considered inflammatory or neoplastic. Suggested diagnoses were cerebral infectious mononucleosis, lymphoid granulomatosis, and lymphoma with plasmacytoid features. The presenter favored a diagnosis of lymphoma.
Case 6

The diagnosis was toxoplasmosis.


Case 7

The diagnosis was congenital hypothalamic hamartoblastoma. This differs from hypothalamic ganglionic hamartoma in that the latter is less cellular and shows good neuronal differentiation. When combined with the other abnormalities which this patient showed it is called the Hall-Pallister Syndrome.


Case 8

The diagnosis was suprasellar granular cell tumor. The discussion centered around the cell of origin which most commentators felt was in the pituitary system. The GFAP stain was negative but others reported variable staining with this technique. It was suggested that these tumors represent a hetrogenous class. One discussor reported seeing such a tumor in the spinal subarachnoid space.


Case 9

The diagnosis was neuronal intranuclear hyaline inclusion disease. The inclusions were autofluorescent and had a filamentous structure by EM. The disease presents clinically as a multisystem atrophy. A similar case is presented in abstract 143.


Case 10

The diagnosis was Alexander's Disease. It was pointed out that in the original description, enlargement of the brain was a feature, and the condition should be considered in the differential diagnosis of brain stem gliomas.
