Clinical History:
A 61 year-old man presented to his primary care physician complaining of episodes of lightheadedness and hot flashes. He also reported subtle word finding difficulties, progressive loss of right leg strength, forgetfulness and difficulty with attention at work.

His past medical history included hypercholesterolemia, gastroesophageal reflux, depression, anxiety, sleep apnea, asthma and benign prostatic hypertrophy.

MRI showed a heterogenously enhancing lesion with an ovoid shape located in the medial left frontal lobe and cingulate gyrus. The lesion was T2 hyperintense with areas of nodular and peripheral rim enhancement. The mass appeared to extend into the falx with linear enhancement of the anterior and posterior portions of the falx around the lesion. There was a suggestion of cortex displaced posteriorly by this lesion, favoring an extra-axial location.

The patient underwent a bifrontal craniotomy for tumor resection.

Material submitted:
One representative H&E virtual slide (http://www.neuropath.org/meetings/2009/dss/) from the surgical specimen and a representative T2 MRI image from the lesion

Points of discussion:
1. Differential diagnosis
The lesion was T2 hyperintense and showed nodular and peripheral rim enhancement on post contrast, T1-weighted images (shown below).