

## 59th ANNUAL DIAGNOSTIC SLIDE SESSION 2018

### CASE 2018-11

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#### **Clinical History:**

A 53-year-old man from Cape Verde presented following an acute onset of vertigo, nausea, and vomiting. His past medical history was notable for a brain lesion resected in his 20s, Hodgkin's lymphoma treated with ABVD chemotherapy seven years earlier, and latent tuberculosis treated with nine months of anti-mycobacterial drugs. At the time of presentation, he lived in Massachusetts and had last visited Cape Verde two years earlier. He had recently traveled to Mexico. A neurological examination of the patient revealed ataxic gait, up-beating nystagmus, and right-sided dysmetria. No abnormalities were identified by routine blood testing that included a complete blood count, a basic metabolic panel and liver function tests. HIV antibody, cysticercosis IgG, and tuberculosis interferon gamma release assay were negative. Toxoplasma IgG antibody was positive. A 4-cm lobular, cystic, rim-enhancing lesion in the right hemisphere of the cerebellum was identified using MRI. The patient was taken to the OR for resection.

#### **Material Submitted:**

H&E section of cerebellar mass

#### **Points for Discussion:**

1. Histologic characteristics
2. Differential diagnosis (imaging, histology)
3. Short review/summary