

Canadian Association of Neuropathologists
L'Association Canadienne des Neuropathologistes

CASE No 11

C. I. COIRÉ¹, A. SARABIA¹ and S. MOHAN² (¹Departments of Laboratory Medicine, Trillium Health Centre, Mississauga, Ontario and ²Microbiology, Mount Sinai Hospital, Toronto)

This 63-year-old retired factory worker male of Italian origin presented to hospital at the urging of family and friends following episodic dizziness and feeling generally unwell. Investigations included a CT scan and MRI of the brain, which revealed multiple lesions. The largest one in the left posterior parietal lobe was cortical based, and associated with edema. Imaging studies were interpreted to be in keeping with metastases. Past history was unremarkable and was negative for diabetes, hypertension, stroke, cardiac and thyroid diseases. He had been a 1-pack-a-day smoker for many years, but had quit one month prior to admission to hospital. Travel history included trips to Italy and Florida in recent years. He denied travel to the southwestern United States. He denied HIV risk factors. Total resection of the lesion in the left parietal lobe was performed and submitted for pathological examination.

Materials Submitted: 1. H&E stained section of excised mass.

Question: Differential Diagnosis?