

**Canadian Association of Neuropathologists
L'Association Canadienne des Neuropathologistes**

CASE No 12

A.S. EASTON (Department of Pathology, Capital Health and Dalhousie University, Halifax)

This 34 year old unemployed single mother presented with a 2 month history of intermittent severe headaches provoked by coughing or bending forward, on a background of 15 years of occasional headaches of lesser severity. Her mother had also noted verbal stuttering and gait unsteadiness. Past medical history includes partial thyroidectomy to remove an atypical follicular adenoma in 1997 and right oophorectomy in 1999 to remove a simple unilocular benign ovarian cyst and dermoid cyst. Family history includes a first cousin with cystic cerebellar astrocytoma. Complete neurological examination was normal with the exception of mild instability of tandem gait. Brain MRI showed a 4.7 X 5.2cm non-enhancing mass in the left cerebellar hemisphere with displacement of cerebellar tonsils 1cm below the foramen magnum, and an ill defined 1cm zone in the right cerebellar hemisphere. CT also showed a large nodular mass in the right thyroid, multiple nodular soft tissue densities in the anterior mediastinum, small renal cysts, pancreatic lipoma, complex 6cm left ovarian cyst and 2 small nodular densities in the left breast. Craniotomy on 27 March removed a 2.7 X 3 X 1cm mass from the left cerebellar hemisphere, submitted for pathological examination.

Material submitted: Hematoxylin and eosin/luxol fast blue stained section from the left cerebellar specimen.

Question: Diagnosis? Prognosis and follow up?