

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

CASE No 1

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In late 2006, this previously well 25 year-old male presented with a three to four month history of visual problems and headache. On review of systems, the he described two separate episodes of nausea and vomiting. No other complaints were documented. Family and social histories were not contributory. Physical exam revealed a partial right homonymous hemianopsia.

Routine laboratory testing did not reveal any significant abnormalities. MR imaging of the brain revealed a large (6.5 cm in greatest dimension) cystic left occipital mass which was extended to the cortical surface and displaced but did not penetrate the occipital horn. The mass demonstrated a large amount of surrounding edema, 7 mm of midline shift and heterogeneous enhancement after gadolinium administration.

A craniotomy was performed soon after initial evaluation and confirmed an intra-axial origin. After the cystic portion was drained, a plane was developed around the soft grayish lesion. A gross total resection was achieved with clear surgical margins at the time of frozen section.

Post-operative imaging, including MRI, CT and whole-body PET scanning failed to reveal any evidence of tumor deposits outside of the central nervous system.

Materials Submitted: One representative H&E slide

Question: Diagnosis?