Canadian Association of Neuropathologists
L'Association Canadienne des Neuropathologistes

CASE No 4

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This 34-year-old woman presented with a rapidly growing lump in her left proximal medial thigh in the 3 months postpartum. The lump caused local discomfort, but no other symptom. She denied local trauma or overuse. Her past medical history revealed dermatofibromas excised from the left ankle in May 2005, and the right wrist in March 2005, as well as intradermal melanocytic compound nevi excised in 2001; her family history was non-contributory. Physical examination was unremarkable except for palpation of an immobile and non-tender mass in the superior aspect of the left medial thigh.

Magnetic resonance imaging (MRI) showed a well-defined oval mass lesion between the left gracilis and adductor muscles, measuring 3.7 x 3.3 x 3.0 cm. The mass was homogeneously low intensity in T1-weighted imaging and moderately high intensity on the T2-weighted imaging. Following gadolinium administration, there was intense homogenous peripheral enhancement with a non-enhancing irregular central core. A solitary intramedullary lesion, measuring 4.5 x 2.1x 2.1 cm, was also noted in the proximal metaphysis of the right femur, of which the radiological impression was fibrous dysplasia.

During the surgical resection, the mass was identified to be growing into the gracilis muscle. The main obturator nerve appeared to be coming off the lower pole of the mass posteriorly, while its anterior (gracilis) branch was intimately involved with the inferior edge of the mass. The mass was resected from inside the nerve. The resected tissue was sent for histopathological examination.

Material Submitted:	H&E stained section of the left medial thigh mass. One unstained slide.
Question:	Diagnosis? Differential Diagnosis?