

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

CASE No 12

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A 70 year old right handed female presented with an approximate 6 year history of simple partial seizures that had recently increased in frequency. Typical seizures began with a sensation of her eyes moving back and forth. This was followed by tonic leftward deviation of the head, intermittent leftward jerking of the head and twitching of the left lower face. She had not suffered constitutional symptoms or behavioural changes. Her past medical history included two minor motor vehicle accidents, ureteral stenting, hemorrhoidectomy, appendectomy and hysterectomy. She had a 50 pack-year smoking history. Her medications included a nicotine patch, symbicort, salbutamol and ventolin. Her family history was not contributory. On general and neurological examination only mild weakness (4+/5) of left finger extension was noted. MRI studies identified an enhancing right frontal lesion with abundant perilesional edema. She was taken to the operating room for a right frontal craniotomy and lesionectomy.

Materials submitted: glass slides, H&E stain

Questions: Differential diagnosis following clinical examination and MRI?
 Differential diagnosis from the histopathology?
 Pathogenesis?