

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

CASE No 4

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This previously healthy, right-handed, 51-year-old male was in Korea for a work-related activity in late September 2008 when he experienced sudden-onset of dizziness and headache followed by confusion and loss of consciousness. He was witnessed to have a generalized seizure during this time. He was stabilized in hospital and had a CT and MRI that showed an intraventricular lesion. He was prescribed Dilantin (not taken) and a short course of Dexamethasone. He then returned to Canada and had further assessment. He had no past episodes of seizure and no subsequent seizure attacks.

General and neurological exam were normal. Lab investigations found only mildly elevated liver enzymes. Lumbar puncture showed RBCs, 9 WBC (mainly lymphocytes) and no malignant cells.

CT scan revealed a 3 x 1 x 1 cm enhancing mass in the right lateral ventricle, centred on the choroid plexus. In addition, there was entrapment of the right occipital horn. MRI showed the lesion to be hyperintense with strong gadolinium enhancement on the T1-weighted images and hypointense on the T2-weighted images. There was an adjacent area of T2 signal abnormality and high FLAIR.

Complete surgical resection was performed. The fusiform mass was firm with a smooth surface and uniform, tan-coloured cut surface. A follow-up MRI was performed January 2009 and showed no evidence of recurrence.

Material submitted: 1 H&E stained section of the lesion.

Questions: Differential diagnosis?
What additional studies are indicated?