DIAGNOSTIC CASE PRESENTATIONS
CANP 54th annual meeting, Banff, Alberta
October 15th – 18th, 2014

Case C1.
P.W. Schutz1, G.R.W. Moore1, R. Akagami2, I.R. Mackenzie1
1Department of Pathology 2Division of Neurosurgery Vancouver General Hospital, University of British Columbia, Vancouver, BC, Canada

DIAGNOSIS:
Myxopapillary Ependymoma, multifocal presentation

REFERENCES:


Case C2.
P Diamandis4, MD Cusimano5, K Kovacs4, J Karamchandani3
1Department of Laboratory Medicine, Division of Pathology, St Michael's Hospital, University of Toronto, Toronto, ON, Canada. 2Division of Neurosurgery, Department of Surgery, St. Michael's Hospital, University of Toronto, Toronto, ON, Canada.
3McGill University, Montreal Neurological Institute and Hospital, Montreal, Quebec, Canada.

DIAGNOSIS:
Phosphaturic mesenchymal tumor

REFERENCES:


**Case C3.**  
*Claire I. Coiré¹, And Warren P. Mason²*  
¹Department of Pathology, Trillium Health Partners, Mississauga and ²Department of Medical Oncology, Pencer Brain Tumor Centre, Princess Margaret Cancer Centre, University of Toronto.

**DIAGNOSIS:**  
*Secondary Gliosarcoma with Epithelial and Pseudoepithelial Differentiation*

**REFERENCES:**


**Case C4.**  
*J.P. Rossiter¹, A. Adeyinka¹ and J.G. Boyd²*  
¹Department of Pathology and Molecular Medicine and Division of Neurology, Queen’s University and Kingston General Hospital, Kingston, Ontario.

**DIAGNOSIS:**  
*Extensive involvement of brain and spinal cord by primary diffuse large B-cell lymphoma (‘Lymphomatosis cerebri et medullae spinalis’).*

**REFERENCES:**


Courtois F et al. (2012) Lymphomatosis cerebri presenting as a recurrent leukoencephalopathy. *Case


Case C5.

M. Alturkustani1,2, F. AlSufiani1, L-C. Ang1
1 Division of Neuropathology, London Health Sciences Centre; University of Western, London, Canada;
2 Department of Pathology, King Abdulaziz University and Hospital, Jeddah, Saudi Arabia

DIAGNOSIS:
Myopathy with Hexagonally Cross-Linked Crystalloid Inclusions

REFERENCES:


Case C6.

N. Sinha1, R. Fraser2, C.J. Fallet-Bianco3 & A. Oviedo2
1 Division of Anatomical Pathology, Queen Elizabeth II Health Sciences Centre and Dalhousie University, Halifax, Nova Scotia, Canada; 2 Department of Pathology & Laboratory Medicine, IWK Health Centre, Halifax, Canada 3 Department of Pathology and Neuropathology, Hôpital Sainte-Justine, Montreal, Canada

DIAGNOSIS:
Bilateral brain stem tegmental calcification (brainstem watershed infarcts)

REFERENCES:


Case C7.
Ana Nikolic¹, Kevin Fonseca², Alberto Severini³, Konstantin Koro⁴, Sandra Lee⁴ and Jeffrey T. Joseph¹
¹Department of Pathology and Laboratory Medicine, Division of Neuropathology ⁴Department of Pathology and Laboratory Medicine, Division of Anatomic Pathology, University of Calgary, Calgary, Alberta ²Provincial Laboratory of Public Health, University of Calgary, Alberta ³National Microbiology Laboratory, Winnipeg, Manitoba

DIAGNOSIS:
Subacute sclerosing panencephalitis

Note: This autopsy is interesting because the patient had many SSPE viral inclusions remaining in her brain at the time of death. These are very obvious on H&E. It is also interesting because her SSPE seems to have been induced by her pregnancy. In our discussion, we will comment on the strain of measles identified and the risk of transmission to the infant.

REFERENCES:


Case C8.

J. Ng¹, P. Alcaide-Leon¹, D. Ghazarian², DG Munoz¹
¹Department of Laboratory Medicine, Division of Pathology, St Michael's Hospital, University of Toronto, Toronto, ON, Canada.

DIAGNOSIS:
Psammomatous melanotic schwannoma

REFERENCES:


Wilkes D, McDermott DA, Basson CT. Clinical phenotypes and molecular genetic mechanisms of


**Case C9.**
*Maxime Richer¹, John Wong¹, Alden Chesney², Mina Jamali², Nicholas Phan³, Julia Keith¹*
¹ Department of Anatomical Pathology, Sunnybrook Health Sciences, University of Toronto, Toronto, Ontario, Canada ² Department of Clinical Pathology, Sunnybrook Health Sciences, University of Toronto, Toronto, Ontario, Canada ³ Division of Neurosurgery, Sunnybrook Health Sciences, University of Toronto, Toronto, Ontario, Canada

**DIAGNOSIS:**
Acute Promyelocytic Leukemia with t(15;17)

**REFERENCES:**


**Case C10.**
*Magaki¹, E. Chang², J. Jen², and H. V. Vinters¹,²*
¹ Section of Neuropathology, Department of Pathology and Laboratory Medicine, UCLA Medical Center, Los Angeles, CA; ² Department of Neurology, UCLA Medical Center, Los Angeles, CA.

**DIAGNOSIS:**
Rheumatoid meningitis

**REFERENCES:**


**Case C11.**
*D.W. Ng¹, G. Dalgliesh², R.L. Barnhill¹ and H.V. Vinters¹*
¹ Division of Neuropathology, Department of Pathology, University of California Los Angeles, Los Angeles, California ² Department of Pathology, University of California Los Angeles, Los Angeles, California

**DIAGNOSIS:**
Intradural atypical melanocytic neoplasm (see comment)
Comment: This tumor has features of a melanocytic neoplasm that is atypical, hypercellular, and proliferative. This shows features in common with atypical variants of cellular blue nevus in the skin and soft tissues and is positive for S100 protein, Mart-1, HMB-45, tyrosinase, MITF, and Sox 10. The lesion has a mitotic rate of 5 per mm². Although this tumor appears to lack sufficient criteria for conventional melanoma at this point in its analysis, the features are sufficient to warrant the characterization as a neoplasm with uncertain malignant potential and possibly as a low-grade malignancy.

REFERENCES:


Case C12.

*Claire I. Coire*¹ and *David Munoz*²
Departments of Laboratory Medicine ¹Trillium Health Partners and ²Saint Michael’s Hospital, University of Toronto.

**DIAGNOSIS :**

Lymphomatoid Granulomatosis presenting as an intramedullary cervical mass

REFERENCES:


Case C13.
J. T. Joseph¹, D. M. Pearson², A. Khan³
¹Department of Pathology and Laboratory Medicine, ²Department of Clinical Neuroscience, ³Department of Medical Genetics and Pediatrics, University of Calgary, Calgary, Alberta

DIAGNOSIS:
Tauopathy; MAPT gene mutation G389R

Note: This autopsy is interesting because of the young age of the patient and the presentation with dysarthria. The distribution of abnormal tau in the brain is also interesting - predominantly in cortical layer 2 and deep layers, plus in the subcortical white matter.

REFERENCES:

