SURGICAL PATHOLOGY REPORT

7316-2275

Patient Name:		Accession #:
Med. Rec.#:	Visit #:	Service Date:
Location:	Sex:	Received:
Client:		DOB:
Physician(s):		

FINAL PATHOLOGIC DIAGNOSIS

A. Brain, "Cerebellar tumor superior", resection: Pilocytic astrocytoma, WHO grade I; see comment.

B. Brain, "tumor cyst wall", resection: Scattered tumor cells within a gliotic cyst wall.

C. Brain, "tumor cyst wall anterior boundary", resection: Scattered tumor cells within a gliotic cyst wall.

D. Brain, crebellar tumor, resection: Pilocytic astrocytoma, WHO grade I; see comment.

E. Brain, cerebellar tumor, resection: Pilocytic astrocytoma, WHO grade I; see comment.

COMMENT:
Sections show fragments of a moderately cellular and mostly solid-appearing glial neoplasm, exhibiting a biphasic architecture. Neoplastic cells are mostly arranged in loose fascicles with microcysts, alternating with smaller compact areas with dense fibrillarity. The neoplastic cells show piloid cytology with thin elongate processes, along with round to oval nuclei with coarsely granular chromatin. Multinucleated cells with radially arranged nuclei resembling a "pennies on a plate" pattern are frequent. Mitotic figures are inconspicuous. Abundant Rosenthal fibers and eosinophilic granular bodies are noted in the background. There is no evidence of microvascular proliferation or tumor cell necrosis in this material. The morphologic features are consistent with pilocytic astrocytoma, WHO grade I.

Intraoperative Diagnosis
A. Cellabella Tumor Superior (Frozen): Pilocytic astrocytoma.

B. Tumor Cyst wall (Frozen): Piloid gliosis with rare atypical cells.

C. Tumor cyst wall anterior boundary (Frozen): Piloid gliosis with rare atypical cells.

Director: [redacted]

[redacted]

[redacted]

Gross Description
The case is received fresh in five parts each labeled with the patient's name and medical record number.

Part A is labeled "cellabella (sic) tumor superior, frozen" and consists of a single soft, irregular fragment of pink tan tissue (1 x 1 x 0.4 cm). A cytologic preparation is made and a representative section is submitted for frozen section A; and the frozen section remnant is submitted in cassette A1. The remaining tissue is entirely submitted in cassette A2. (dc)

Part B is labeled "tumor cyst wall superior, frozen" and consists of a single soft, irregular fragment of pink tan tissue (0.8 x 0.6 x 0.3 cm). A cytologic preparation is made and a representative section is submitted for frozen section B; and the frozen section remnant is submitted in cassette B1. The remaining tissue is entirely submitted in cassette B2. (dc)

Part C is labeled "tumor cyst wall anterior boundary, frozen" and consists of a single soft, irregular fragment of pink tan tissue (0.7 x 0.2 x 0.2 cm). A cytologic preparation is made and a representative section is submitted for frozen section C; and the frozen section remnant is submitted in cassette C1. The remaining tissue is entirely submitted in cassette C2. (dc)

Part D is labeled "Cellabella tumor 2" and consists of a single soft, fleshy nodule of pink tan tissue (2 x 1.5 x 1 cm). The cute surface is pink-translucent and homogenous with focal areas of white fibrous tissue on the surface of the nodule. The specimen is serially sectioned and entirely submitted in cassettes D1-D2. (er)

Part E is labeled "tumor cyst wall perm" and consists of a single firm piece of tan-white tissue (0.5 x 0.3 x 0.3 cm). The specimen is entirely submitted in cassettes E1. (er)

Clinical History
According to APeX, the patient is a 10-year-old girl with a several week history of intermittent vomiting and headaches. MRI revealed a large cystic mass with associated hydrocephalus. The mass is located within the right cerebellar hemisphere and vermis (5.1 x 3.2 cm) with an associated enhancing nodule (1.6 x 1.4 cm) and the differential included pilocytic astrocytoma, pleomorphic xanthoastrocytoma, and ganglioglioma. The patient now undergoes craniotomy with tumor resection.

Diagnosis based on gross and microscopic examinations. Final diagnosis made by attending pathologist following review of all pathology slides. The attending pathologist has reviewed all dictations, including prosector work, and preliminary interpretations performed by any resident involved in the case and performed all necessary edits before signing the final report.

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Director:

[redacted]