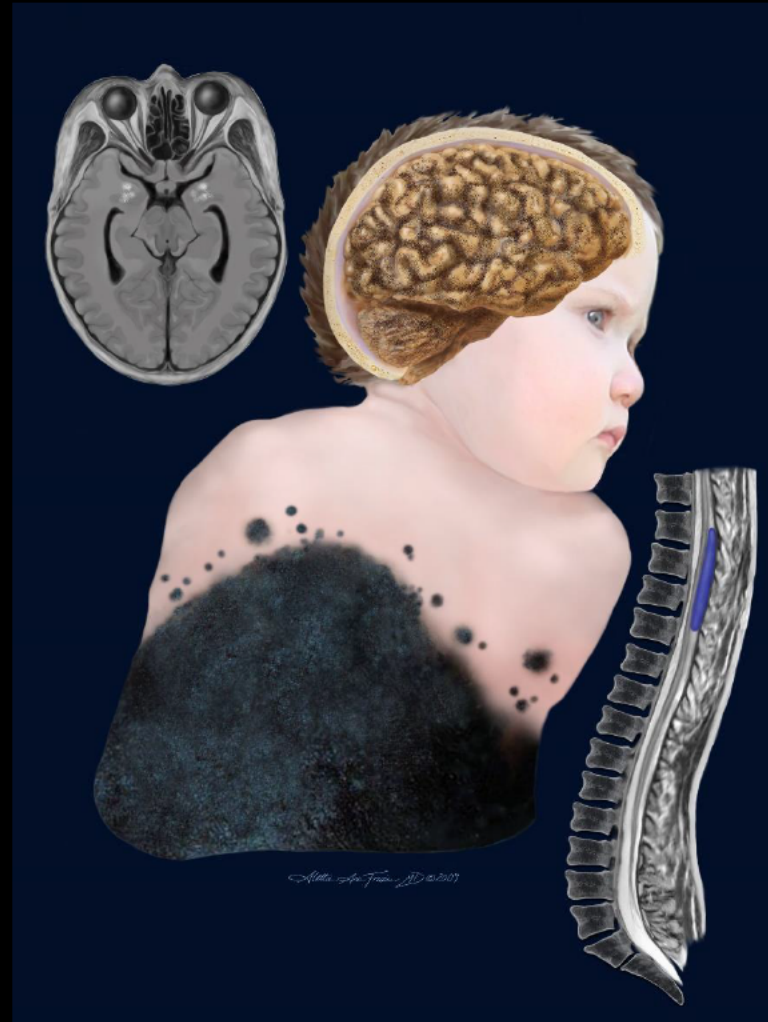
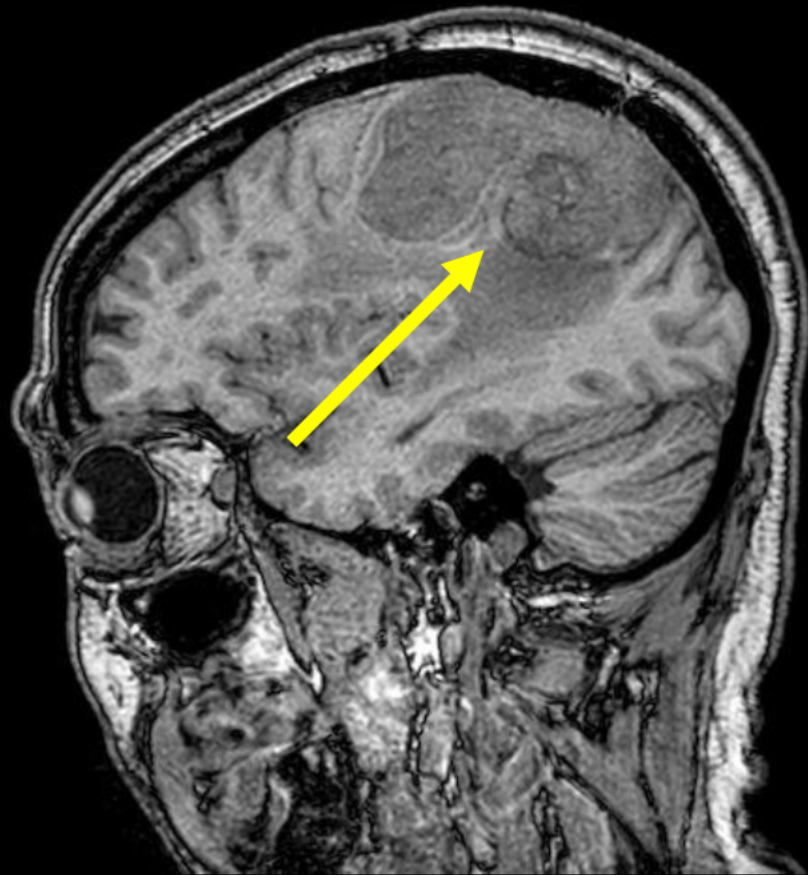


Neuroradiology Best Case

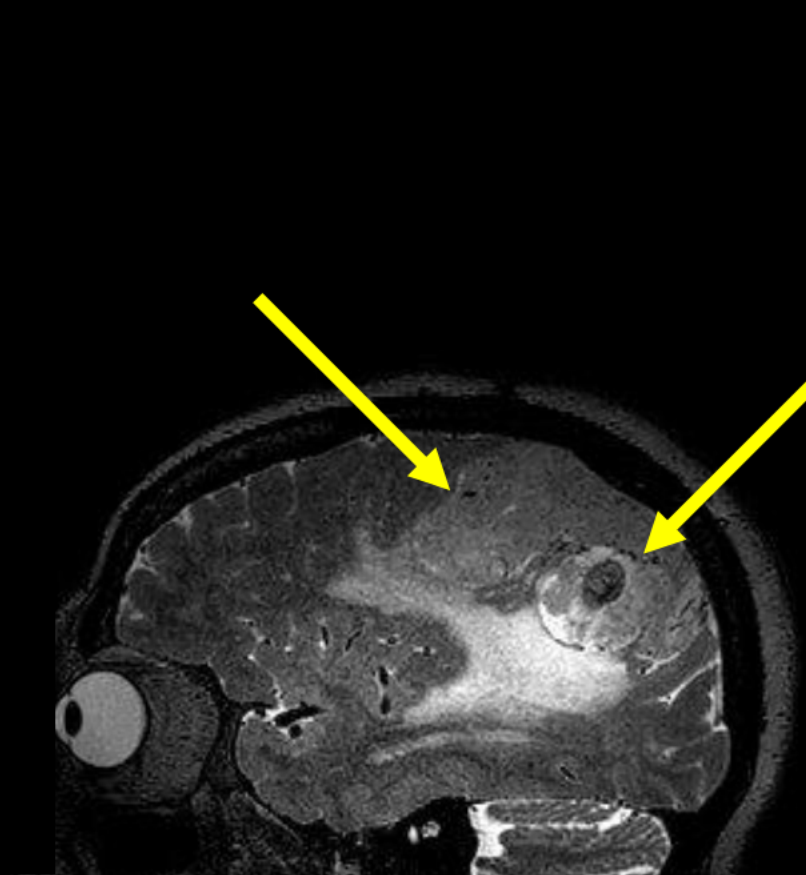


60 y/o F with PMH of L parietal meningioma s/p resection (2008), RCC s/p R nephrectomy (2016), R breast IDC s/p lumpectomy and radiation (2017), presents with cognitive deficits, R hand weakness

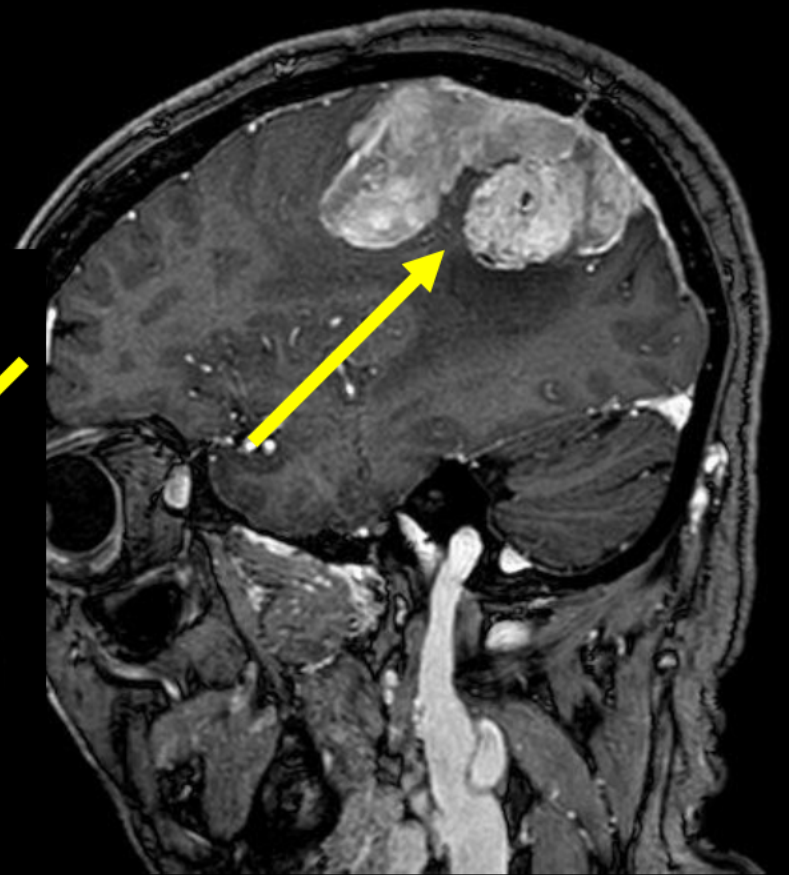




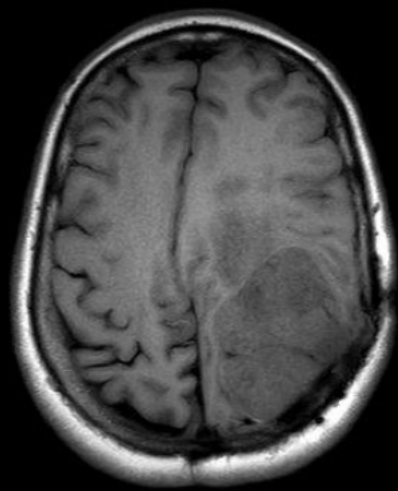
T1



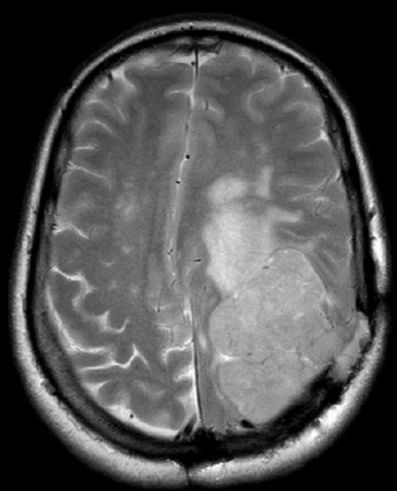
T2



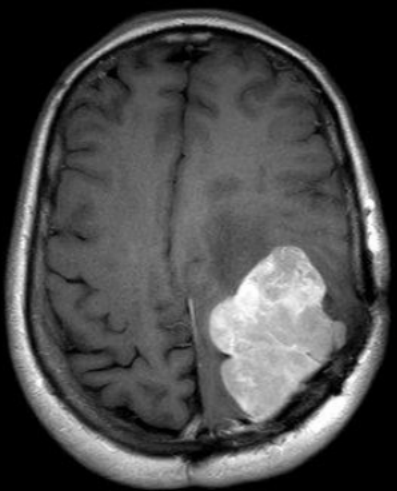
PG



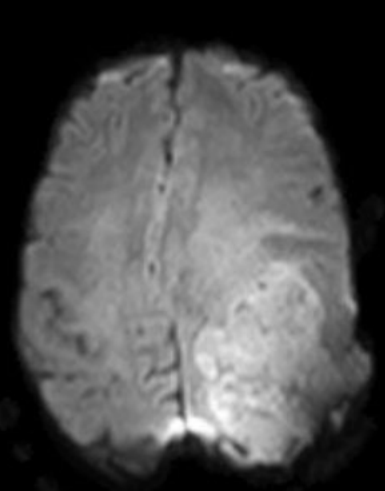
T1



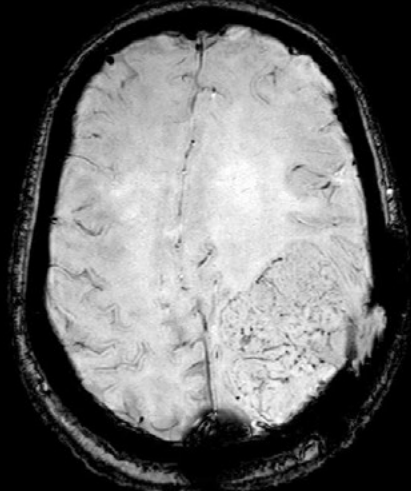
T2



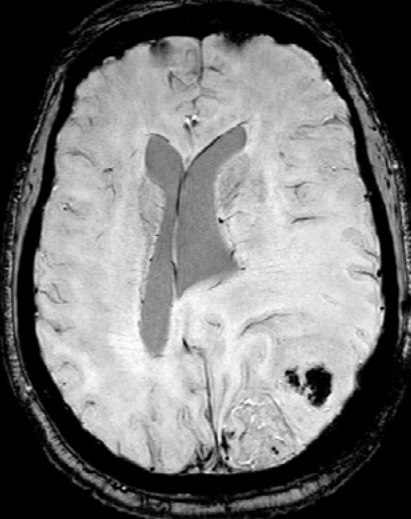
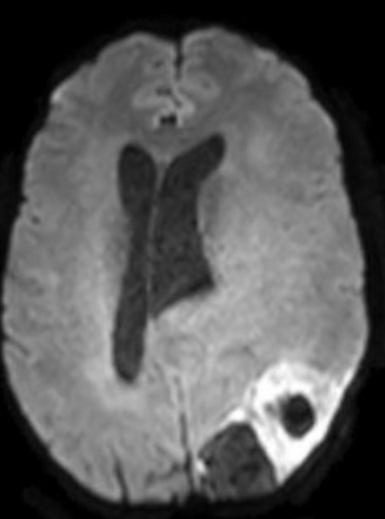
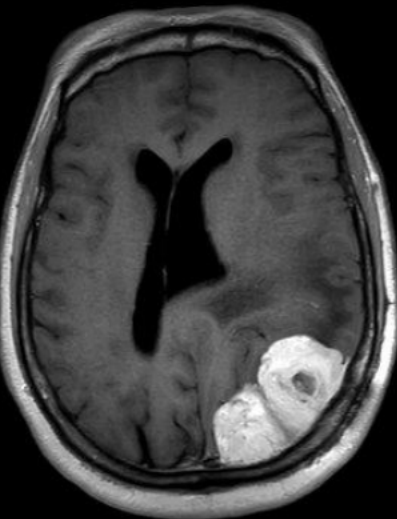
PG



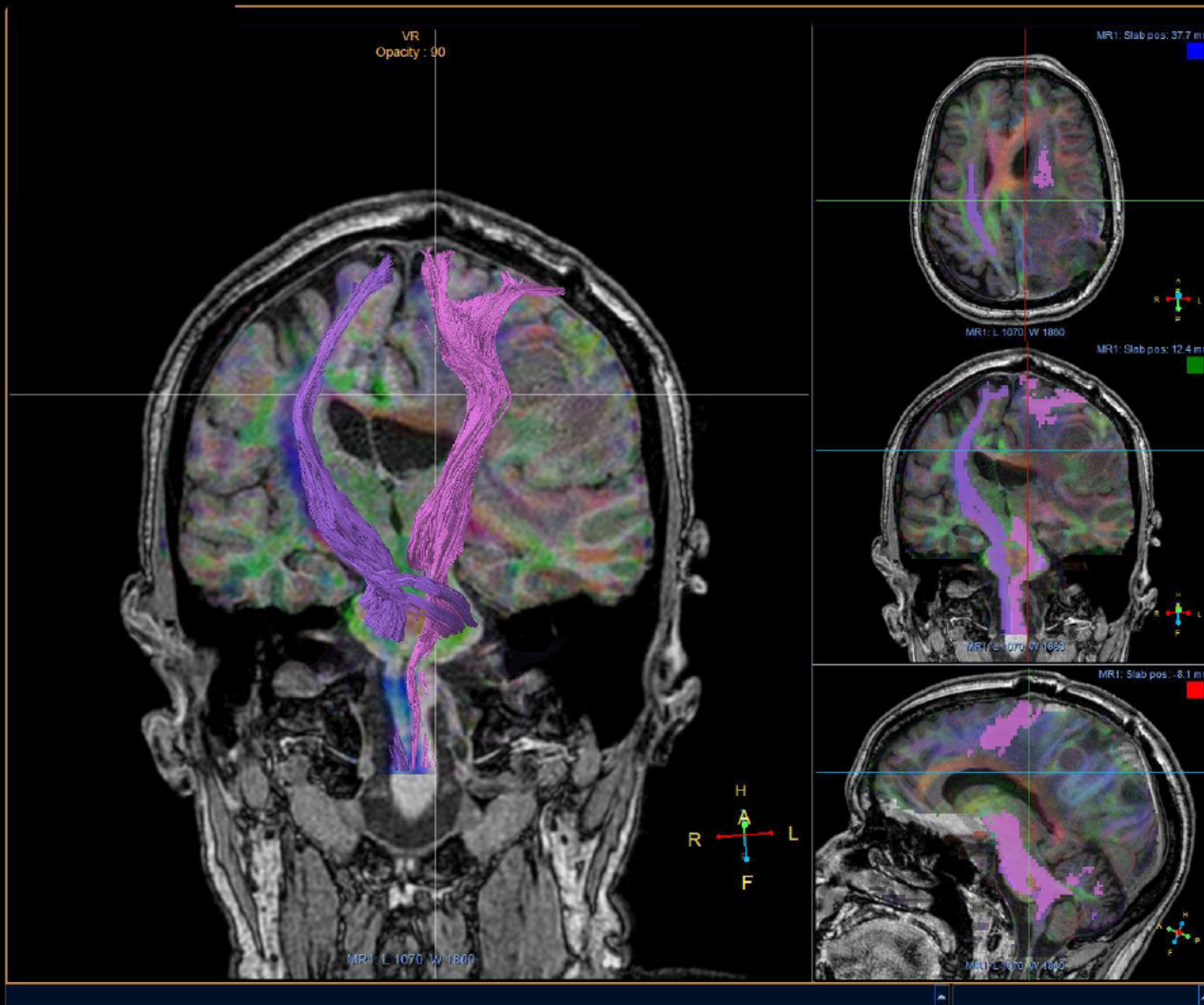
DWI



SWI

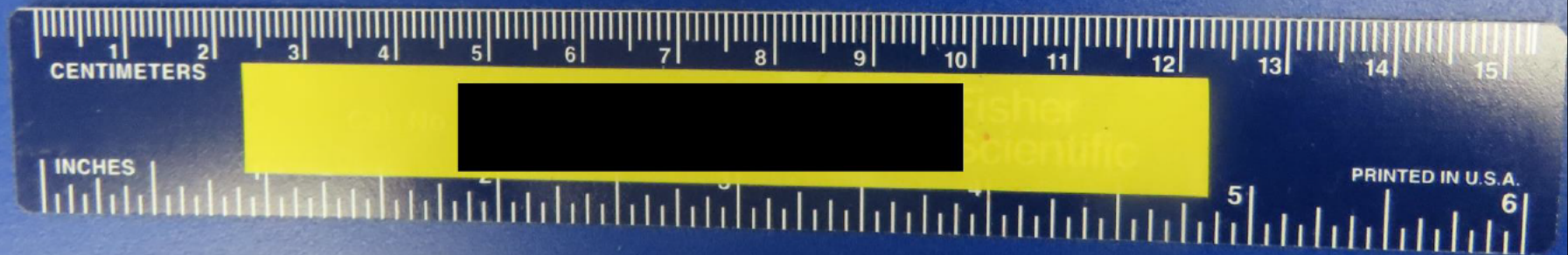


Preoperative evaluation: “Doctor, do you think this is a recurrent meningioma or a dural metastasis?”



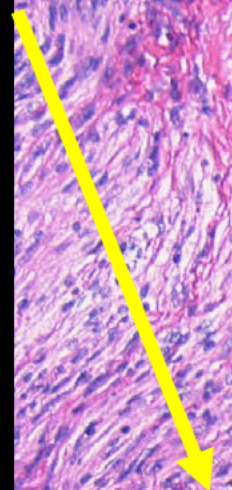
more rubbery component

more bloody component

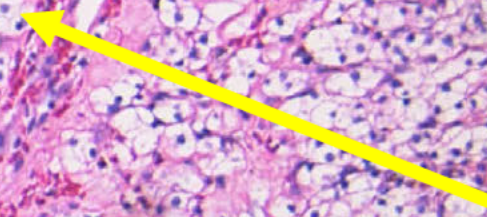


epithelioid-
spindle cells
arranged in
whorls and
fascicles

Meningioma

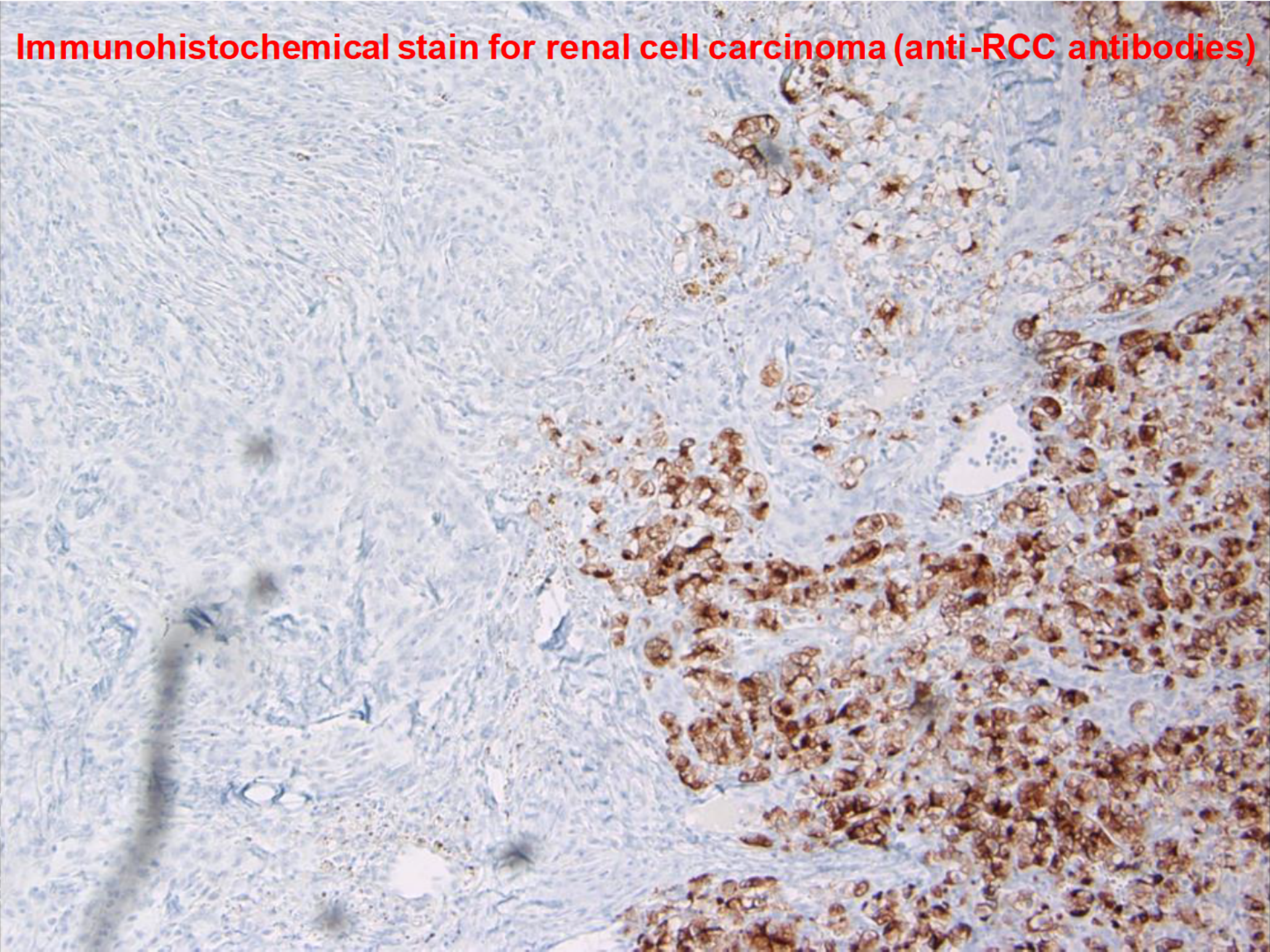


RCC



epithelial
clear cells
with pale
vacuolated
cytoplasm

Immunohistochemical stain for renal cell carcinoma (anti-RCC antibodies)



Microscopic Description

The intraoperative frozen section diagnosis is confirmed on permanent sections.

Sections of specimen A show a piece of meningioma, predominantly of fibrous type pattern.

Sections of specimen B shows a collision tumor with a metastatic clear cell carcinoma surrounded by meningioma, with mixed fibrous and meningothelial type growth patterns. Focally, there is crowding of the meningioma cells and mitotic indices of greater than 4 per 10 high fields are identified. The immunostain for proliferation marker Ki67 shows focal hotspots within the meningioma with markedly elevated numbers of labeled cells. Immunohistochemical stains show the clear cell component to be strongly positive for marker RCC. Both the clear cell and meningioma neoplasms are positively stained for epithelial membrane antigen.

Collision tumor of metastatic renal clear cell carcinoma, clear type, into atypical meningioma, WHO grade II

