



PATHOLOGY

OSheet |

⊘Slide

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Number

11

Subject

CNS TUMORS/3

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Date: 00/00/2016

Price:

CNS pathology Third year medical students lecture 11 CNS tumors/ 3

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FRCPath

2017

meningioma

- Arise from arachnoid meningothelial cells.
- Arise in adults
- Attached to the dura
- •Can be seen at external surfaces of the brain or within the ventricular system

meningioma

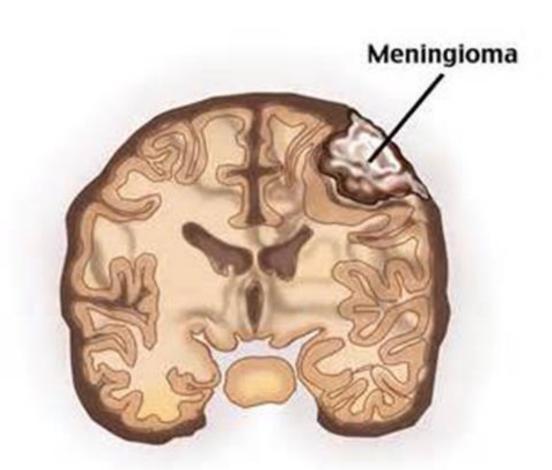
- Majority: can be easily separated from brain, but some are infiltrative
- Behavior: benign but infiltrative lesions recur
- Outcome depends on: size, location, histological grade

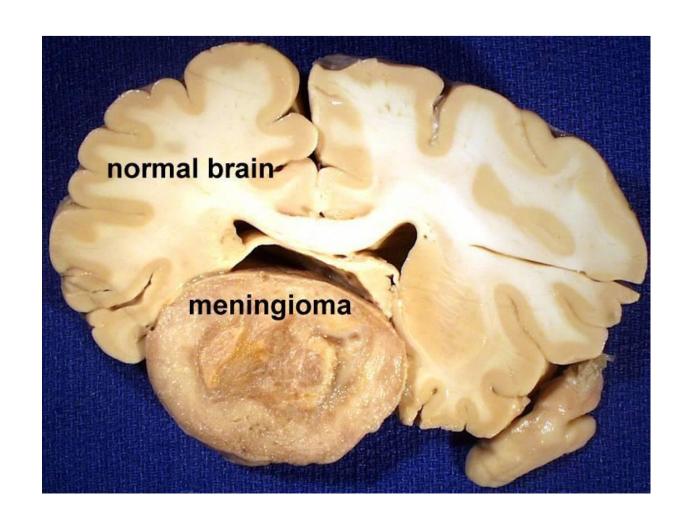
Histological grades

- •WHO I: (well diff) meningioma
- •WHO II: atypical meningioma
- •WHO III: anaplastic (malignant) meningioma

Grade 1 meningiomas

- Well defined, dura based masses
- May compress but do not invade brain
- Can extend to overlying bone

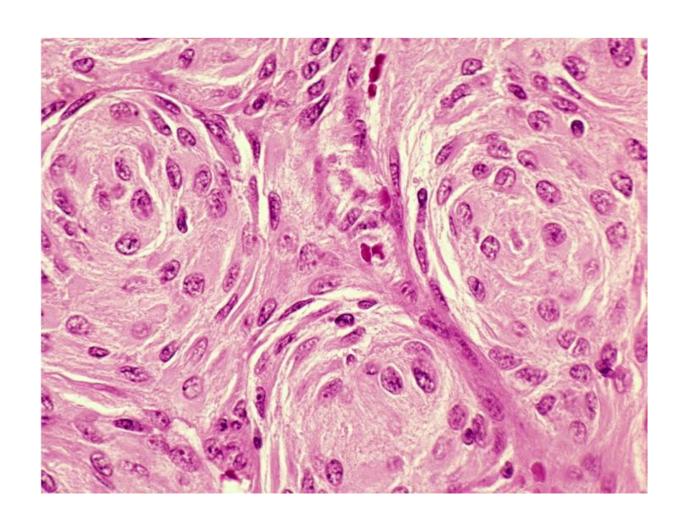




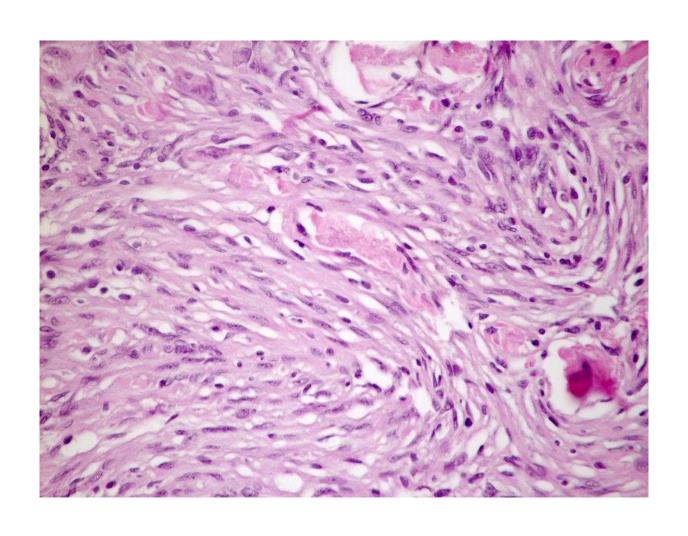
Grade 1 meningiomas/ histological types

- •Syncytial: whorled clusters without visible cell membranes.
- Fibroblastic: elongated cells and abundant collagen
- •Transitional: features of both, syncytial and fibroblastic
- Psammomatous: numerous psammoma bodies

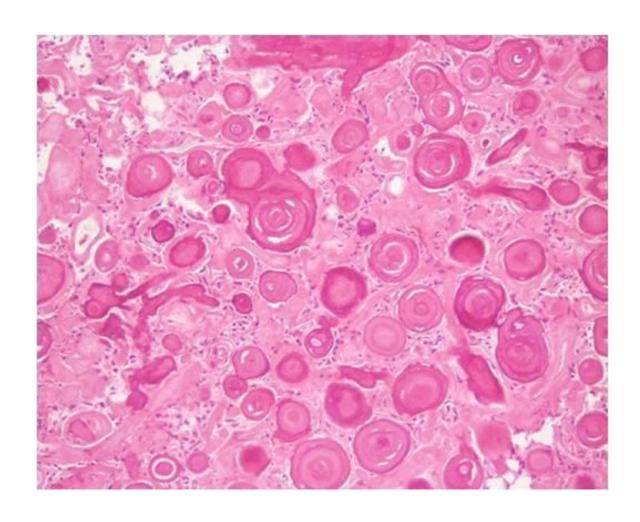
syncitial



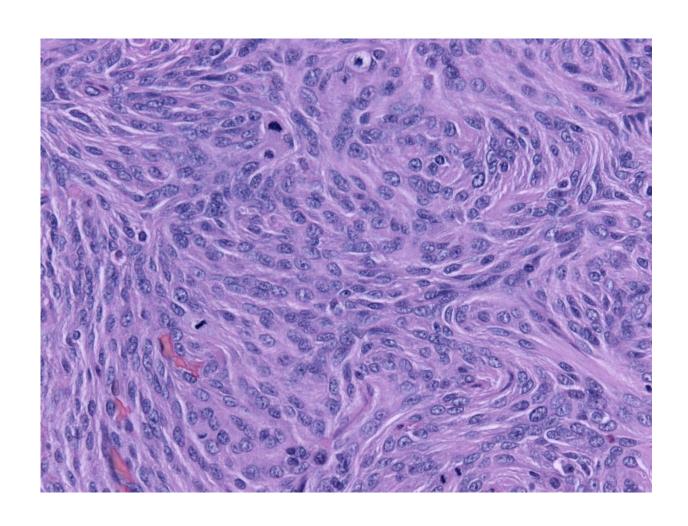
fibroblastic



pasammomatous



Atypical meningioma



Anaplastic meningioma

- Anaplastic meningioma WHO grade 3
- Highly aggressive
- Resemble sarcomas

Primary CNS lymphoma

- Mostly: diffuse large B cell lymphoma.
- •1% of intracranial tumors.
- •Primary CNS lymphoma is the most common CNS neoplasm in the immunocompromised... in this situation they are almost always positive for EBV ((Epstein Barr virus)

CNS lymphoma

- Aggressive disease with poor prognosis
- Poor response to chemotherapy as compared to peripheral lymphomas
- Usually multiple nodules within the brain parenchyma
- Spreading outside the brain happens rarely and at late stages
- •Peripheral lymphoma rarely spreads to the brain, if it does there is usually associated meningeal and CNS involvement.

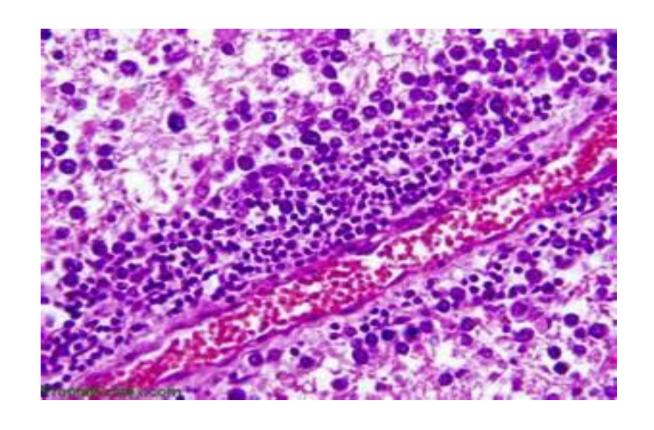
lymphoma

- Involves deep grey matter, white matter, cortex
- Periventricular spread is common
- •Tumor nodules more defined than gliomas but less than metastases
- EBV positive tumors usually have extensive areas of necrosis
- Majority: diffuse large B cell lymphomas

lymphoma



Lymphoma/ note arrangement around blood vessels



Metastatic tumors

- Metastatic tumors
- ¼ to ½ of intracranial tumors
- Most common primary sites: lung, breast, melanoma, kidney and GIT.
- •Form discrete well defined masses, can be multiple

Paraneoplastic syndromes

- •CNS and peripheral nerves can be affected in disseminated cancer as part of the paraneoplastic syndromes
- These include several manifestations including dementia, ataxia, sensory neuropathy and psychosis

Familial tumor syndromes

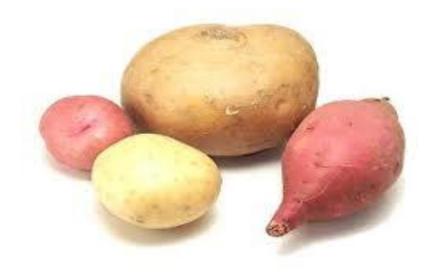
- Inherited syndromes
- Mutations in several tumor suppressor genes
- Associated with increased risk of certain types of cancer
- •2 syndromes with CNS involvement: Tuberous sclerosis and von Hippel
- Lindou

Tuberous sclerosis

- Autosomal dominant
- Hamartomas and benign neoplasms in brain and other sites
- CNS tumors: cortical tubers and subependymal hamartomas

Cortical tubers: look like potatoes!!

•Tuber: thickened underground part of a stem



Cortical tubers

- = Hamartomas composed of haphazardly arranged large neurons.
- Mixture of glial and neuronal cells
- Cause seizures

Sub ependymal tubers

- Similar to cortical tubers
- Can cause hydrocephalus

Tuberous sclerosis/Extra-cerebral lesions:

- renal angiomyolipoma,
- retinal glial hamartomas,
- pulmonary lymphangiomatosis
- cardiac rhabdomyoma
- cysts in liver, kidney, pancreas.
- skin lesions: angiofibroma, hypo pigmented areas, thickened patches.

Von Hippel Lindau

- Autosomal dominant
- Mutation in VHL tumor supressor gene.
- Hemangioblastomas mainly in cerebellar hemispheres, retina.
- Cysts in pancreas, liver kidney
- Increase risk of renal cell carcinoma

