# CNS Take Home Quiz

Please use your 2007 MP/H manual to complete to following case exercises.

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## Case 1

* Facility A: 8/31/16 MRI spine
	+ Most likely a nerve sheath tumor Left of T5 & 6 neural foraminal mass
	+ Most likely additional nerve sheath tumor 20 MM anterolateral aspect of T6 vertebral body
	+ Likely nerve sheath tumor T4 neural foramen

Impression: Thoracic schwannoma with myelopathy

* Facility B
* 10/1/16 CT Thoracic spine: Intradural and extradural neurogenic tumor at the T5-6 level on the left corresponds with outside MRI of 8/31/16
* 10/2/16 MR Brain: Impression: Left fifth nerve and cochlear schwannoma consistent with neurofibromatosis type II.
* 10/2/16 MR CT Lumbar Spine Impression: Multiple neurogenic tumors. Only lesion likely to be symptomatic is at T5-T6 having both intradural and extradural components and compressing the cord. The appearance is consistent with schwannoma. Multiple tiny enhancing intradural nodules in the lumbar spinal canal extending from T12-L1 to the level of L4-L5 interspace most likely secondary to neurogenic tumors

Treatment

* Watchful waiting for left cochlear schwannoma and left trigeminal schwannoma
* Surgical resection of T5 lesion

Pathology from T5 resection: Schwannoma

**How many reportable primaries are present and what MP/H rule was used to determine this?**

**What site/histology was assigned to each primary?**

## Case 2

A 66 year old white male presents with a current diagnosis of anaplastic meningioma post resection of a right sphenoid wing mass. The medical record documents a history of a complex right sphenoid wing tumor partially resected and treated with radiation 50 years ago. He is not certain exactly what type of neoplasm was resected. There is no information about surveillance over the past 50 years.

**How many reportable primaries are present and what MP/H rule was used to determine this?**

**What site/histology was assigned to each primary?**

## Case 3

An MRI showed multiple intracranial stigmata of NF1 (cerebellar hemispheres bilaterally, brainstem, cerebral peduncles), bilateral optic pathway glioma, and a hypothalamic glioma. Also noted was a large intradural neurofibroma with compression of the cauda equina at L3-L4. The neurofibroma of L3-L4 was removed. Pathology from the resected specimen showed neurofibroma.

**How many reportable primaries are present and what MP/H rule was used to determine this?**

**What site/histology was assigned to each primary?**

## Case 4

A patient had an MRI of the brain and spinal cord and was found to have the following:

1. Posterior parasagittal meningioma
2. Right frontal convexity meningioma
3. Posterior falx meningioma
4. Olfactory meningioma
5. Right sphenoid wing meningioma
6. Right frontal parasagittal meningioma.
7. Bilateral vestibular Schwannomas.

**How many reportable primaries are present and what MP/H rule was used to determine this?**

**What site/histology was assigned to each primary?**

## Case 5

In August of 2012 a patient was found to have a brain lesion and was treated with a partial dissection. The pathology from the procedure showed grade II astrocytoma. There was no radiation therapy after the partial resection. The patient returned in 2012 with a “recurrence”. A biopsy of the “recurrent tumor” showed dedifferentiated glioblastoma multiforme.

**How many reportable primaries are present and what MP/H rule was used to determine this?**

**What site/histology was assigned to each primary?**