

**49th ANNUAL DIAGNOSTIC SLIDE SESSION, 2008
DIAGNOSES AND REFERENCES**

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Case 2008-6

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Diagnosis: Dural granulomatosis with vasculitis, most consistent with intracranial Wegener's granulomatosis

Comment: Vasculitis is present in this specimen, emphasized by the use of an elastic stain, making the diagnosis of Wegener's granulomatosis the most likely etiology. The patient had relapsing polychondritis, but it should be noted that Wegener's patients can have scleritis, and the nose lesions are midline. Studies for c-ANCA were negative; patients with renal involvement in Wegener's have positive c-ANCA in 90% of cases, while patients without renal involvement have a positive test only 40% of the time. Meningeal involvement in Wegener's can also involve the dura, as in this case.

References:

Fauci AS, Haynes BF, Katz P, Wolff SM: Wegener's granulomatosis: prospective clinical and therapeutic experience with 85 patients for 21 years. *Ann Intern Med* 1983; 98:76-85.

Nishino H, Rubino FA, DeRemee RA, et al: Neurological involvement in Wegener's granulomatosis: an analysis of 324 consecutive patients at the Mayo Clinic. *Ann Neurol* 1993; 33:4-9.

Weinberger LM, Cohen ML, Remler BF, Naheedy MH, Leigh RJ: Intracranial Wegener's granulomatosis. *Neurology* 1993; 43:1831-1834.