

Archives Home	CAP Home
Search Archives	Help

[\[Full-text Article\]](#) [\[PDF Version\]](#)
[\[PubMed Citation\]](#) [\[Related Articles in PubMed\]](#)

Archives of Pathology and Laboratory Medicine 133:101–123, 2009

© Copyright by College of American Pathologists 2009

Archives of Pathology and Laboratory Medicine: Vol. 133, No. 1, pp. 101–123.

Intracranial Lesions Mimicking Neoplasms

Clare H. Cunliffe, MD; Ingeborg Fischer, MD; David Monoky, MD; Meng Law, MD, MBBS, FRACR;
Carolyn Revercomb, MD; Susan Elrich, MD; Michael Jered Kopp, BA; David Zagzag, MD, PhD

From the Department of Pathology, Division of Neuropathology (Drs Cunliffe, Fischer, and Zagzag) and Department of Radiology, Division of Neuroradiology (Dr Monoky), New York University Medical Center, New York; the Departments of Radiology and Neurosurgery, Mount Sinai Medical Center, New York, NY (Dr Law); the Office of the Chief Medical Examiner, Washington, DC (Dr Revercomb); the Department of Neurology, Yale University Hospital, New Haven, Conn (Dr Elrich); and the Stern School of Business, New York University, New York (Mr Kopp)

Accepted July 25, 2008

● **Context.**—A broad spectrum of nonneoplastic conditions can mimic a brain tumor, both clinically and radiologically. In this review we consider these, taking into consideration the following etiologic categories: infection, demyelination, vascular diseases, noninfectious inflammatory disorders, and iatrogenic conditions. We give an overview of such diseases, which represent a potential pitfall for pathologists and other clinicians involved in patient care, and present selected cases from each category.

Objective.—To illustrate the radiologic and pathologic features of nontumoral intracranial lesions that can clinically and radiologically mimic neoplasia.

Data Sources.—Case-derived material and literature review.

Conclusions.—A variety of nonneoplastic lesions can present clinically and radiologically as primary or metastatic central nervous system tumors and result in surgical biopsy or resection of the lesion. In such situations, the pathologist has an important role to play in correctly determining the nature of these lesions. Awareness of the entities that can present in this way will assist the pathologist in the correct diagnosis of these lesions.