Calcified pseudoneoplasm of the neuraxis

Figure 1 CT and MRI of brain

CT of the head shows a calcified mass in the right cerebellomedullary angle cistern. MRI demonstrates mild adjacent parenchymal edema and serpiginous contrast enhancement.

A patient presented with severe suboccipital headaches. Noncontrast CT was obtained and a densely calcified mass was found at the right cerebellomedullary angle cistern (figure 1). This lesion was followed clinically and with serial imaging. Follow-up MRI of the brain performed 8 months later demonstrated slightly increased mass effect and edema on the adjacent medulla and gross total surgical resection was performed. Final pathologic diagnosis was calcifying pseudoneoplasm of the neuraxis (CAPNON) (figure 2).

CAPNON are rare non-neoplastic lesions that typically arise in the extra-axial space in the brain and spine. The underlying cause of CAPNON is unclear, though it may represent reactive response to trauma, infection, or inflammation.¹ Complete surgical resection seems to be curative.

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Figure 2 Histology slide

Characteristic histology includes overall paucicellular composition with a fibrillar arrangement of acellular basophilic material. At its edges are clusters of reactive cells that include lymphocytes, plasma cells, and epithelioid macrophages.

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