and formation of residual nodules. A systematic immunohistochemical and immunofluorescence study of DRG in 15 FA cases and 12 controls, however, supports the conclusion that frataxin deficiency in FA primarily affects satellite cells, and that loss of ganglion cells is due to failing trophic support and inflammatory infiltration.

A panel of antibodies was used to reveal the cytoplasm of satellite cells (S100 α , glutamine synthase, excitatory amino acid transmitter 1, glial fibrillary acidic protein), the inward-rectifying potassium channel (Kir4.1), gap junctions (connexin 43), basement membranes (laminin-2), mitochondria (ATP synthase β -subunit [ATP5B] and frataxin), and monocytes (CD68, CD14, and IBA1). Reaction product of the cytoplasmic markers and laminin-2 confirmed proliferation of satellite cells into multiple perineuronal layers and residual nodules. Connexin 43-reactive gap junctions were greatly increased. The additional satellite cells displayed enhanced mitochondrial ATP5B but lacked frataxin fluorescence. DRG monocytes in FA cases were more abundant than normal, separated satellite cells from neurons, and participated in the formation of residual nodules. (Supported by NIH R01NS069454 and Friedreich's Ataxia Research Alliance).

CONFLICTS OF INTEREST:

None.

TITLES OF DIAGNOSTIC CASE PRESENTATIONS

1. Neurocutaneous melanocytosis associated diffuse leptomeningeal melanocytosis

J. Ferreira

Pathology Department, Hopital Maisonneuve-Rosemont, Montréal, Quebec

2. Embolic catheter material; presumed cause of haemorrhage

Laura Davies, Lothar Resch

Department of Pathology and Laboratory Medicine, Division of Neuropathology, University of Calgary, Calgary, Alberta

3. Meningioangiomatosis

M.M. Abdulkader¹, J.L. Smith², C.Y. Ho³, J.M.Bonnin¹

¹Division of Neuropathology, Department of Pathology and Laboratory Medicine; ²Department of Neurosurgery and; ³Department of Radiology and Imaging Sciences, James Whitcomb Riley Hospital for Children, Indiana University School of Medicine, Indianapolis, Indiana, USA

4. Hereditary Cerebral Hemorrhage With Amyloidosis-Dutch type (HCHWA-D)

N. Sinha¹, J.J.S. Shankar², S.E. Croul³

^{1,3}Division of Anatomical Pathology; ²Department of Neuroradiology, Queen Elizabeth II Health Sciences Centre and Dalhousie University, Halifax, Nova Scotia, Canada

5. IgG4-related perineurial disease

*P. Diamandis*¹, D.G. Munoz², S.P. Symons³, N. Phan⁴, J. Perry⁵, M. Tsao⁶, J. Keith⁷

¹Neuropathology Program, Department of Laboratory Medicine and Pathobiology, University of Toronto; ²Department of Laboratory Medicine, Division of Pathology, St. Michael's Hospital, Toronto, Ontario; ³Division of Neuroradiology, Department of Medical Imaging, University of Toronto, Toronto, Ontario; ⁴Department of Surgery, Sunnybrook Health Science Centre, Toronto, Ontario; ⁵Department of Neurology, Sunnybrook Hospital, University of Toronto, Toronto, Ontario; ⁶Department of Radiation Oncology, Sunnybrook Health Sciences Centre, University of Toronto, Toronto, Ontario; ⁷Department of Anatomic Pathology, Sunnybrook Health Sciences Centre, Department of Laboratory Medicine and Pathobiology, University of Toronto, Toronto, Ontario

6. Graft versus host disease of the brain

Ana Nikolic¹, Launny Lowden², Lothar Resch¹

Department of Pathology and Laboratory Medicine; ¹Division of Neuropathology; ²Department of General Pathology, University of Calgary, Calgary, Alberta

7. Myxopapillary ependymoma with anaplastic features

Y.A. Alwelaie^{1,2}, J.A. Maguire^{1,2}, K. Dorovini-Zis^{1,2}, F. Vice^{2,4}, M.C. Boyd^{1,2}, M.R. McKenzie^{2,3}, M.Z. Matishak^{2,4}, J. Shewchuk^{1,2}, G. Sidhu^{2,4}, G.R.W. Moore^{1,2}

¹Vancouver General Hospital; ²University of British Columbia; ³British Columbia Cancer Agency; ⁴Royal Columbian Hospital

8. Textiloma mimicking recurrent GBM

Claire I. Coiré¹, David G. Munoz¹, Loch Macdonald², James Perry³

¹Divisions of Pathology and; ²Neurosurgery, Saint Michael's Hospital, Toronto and; ³Department of Medicine, Division of Neurology, Sunnybrook Health Science Centre, University of Toronto, Departments of Laboratory Medicine and Pathobiology

9. Epithelioid hemangioendothelioma

S. Jozaghi¹, S. Labonte¹, P. Gould²

¹Department of Anatomical Pathology, Hotel Dieu de Quebec; Laval University, Quebec City, Quebec; ²Department of Anatomical Pathology, Division of Neuropathology, Hôpital de l'Enfant-Jésus; Laval University, Quebec City, Quebec

10. Amelanotic melanocytoma

Reena Baweja, Boleslaw Lach, Kesava Reddy

Department of Pathology and Molecular Medicine, and Neurosurgery, McMaster University, Hamilton, Ontario

11. Congenital spinal lipoma with divergent differentiation including skeletal muscle and primitive nephrogenic tissue suggestive of nephrogenic rest

Z. Al-Hajri¹, C. Dunham²

¹Department of Pathology, Khoula Hospital, Oman; ²Division of Anatomic Pathology, British Columbia Children's Hospital.

12. Aicardi-Goutières Syndrome

J.M. Bonnin¹, M.A. Gener¹, M.L.O. Harris², C.Y. Ho³

¹Division of Neuropathology, Department of Pathology and Laboratory Medicine; ²Department of Neurology and; ³Department of Radiology and Imaging Sciences, James Whitcomb Riley Hospital for Children, Indiana University School of Medicine, Indianapolis, Indiana

13. Embryonal tumor with multilayered rosettes (ETMR), most in keeping with ependymoblastoma, exhibiting extensive post treatment neuroglial maturation

V. Hirsch-Reinshagen, J. Hukin, C. Dunham

¹Departments of Pathology and; ²Pediatrics, British Columbia's Children's Hospital

14. Tubular aggregate myopathy

B. Ellezam¹, M. Vanasse²

¹Departments of Pathology and; ²Neurology, CHU Sainte-Justine, Université de Montréal, Montréal, Quebec

15. Granulomatous myositis in a body builder, secondary to injections of veterinarian brands of anabolic steroids

Boleslaw Lach, Mark Tarnopolsky

Department of Pathology and Molecular Medicine, Department of Medicine and Pediatrics, McMaster University, Hamilton, Ontario