Neurocirugia. 2017;28(Espec Congr):261

Neurocirugía

https://www.revistaneurocirugia.com

C0260 - CONUS MEDULLARIS LESION AS AN INITIAL MANIFESTATION OF A MULTICENTRIC GLIOBLASTOMA MULTIFORME

J. Esteban García, D. Mato Mañas, D. Suárez Fernández, G. García Catalán, P. López Gómez, R. Martín Láez and J.Á. Martínez Agüeros

Hospital Universitario Marqués de Valdecilla, Santander, Spain.

Resumen

Objectives: Medullary glioblastomas are highly infrequent lesions. Usually, they appear late in the course of treated cranial glioblastoma as a spinal drop-like metastases, being extraordinary its diagnose as an initial manifestation and isolated lesion. We report a rare case of an unique intramedullary tumor as an initial manifestation of a multicentric glioblastoma multiforme.

Methods: A 35 year-old male came to our hospital complaining of uncontrollable radicular pain and sphincter dysfunction during last three months. Neurological examination evidenced distal weakness in both lower limbs and paresthesia. A spinal axis MRI revealed an unique conus medullaris tumor. Under suspicion of a myxopapillary ependimoma surgical resection was planned.

Results: Laminectomy and gross total resection was done. Unexpectedly, histopathological findings revealed a conus medullaris glioblastoma multiforme. Initially, the patient showed relief of his radicular pain, but not strength improvement. Three days after surgery, he developed severe headache, nausea and vomiting. A CT scan showed multiple intracranial lesions, suggesting multicentric glioblastoma. An hour later the patient suffered a sudden deterioration with an episode of seizures. A new CT scan evidenced hemorrhagic transformation of cranial lesions and acute hydrocephalus associated. Due to his poor prognosis supportive care was offered.

Conclusions: This case emphasize how complete neuroaxis studies can dramatically change treatment and prognosis in a medullary lesion. In this case, initially palliative care would have been considered. Spinal glioblastoma metastases are commonly asymptomatic. Autopsy studies in which patients had no signs or symptoms of spinal metastasis have been documented, with rates of postmortem CSF spread ranging from 20% to 60%. According to the literature, most secondary GBMs come from previous intracranial GBMs. To our knowledge, this is the first report of a spinal intramedullary tumor diagnosed as an isolated lesion and synchronously to a cranial glioblastoma.