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C-0121 - CALVARIAL SUNBURST LESION: A TYPICAL RADIOLOGICAL FINDING OF AN UNUSUAL SKULL TUMOR

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Resumen

Objectives: Some authors recommend serial imaging follow-up for calvarial lesions with mild symptoms. Nevertheless, a literature review shows a wide spectrum of these findings with extremely different treatments and prognosis. We report a case of a calvarial cavernous hemangioma, a relatively uncommon tumor. We describe the typical radiological findings and why they should lead to surgical excision.

Methods: A 35-year-old female patient presented with a growing skull lesion. Physical examination revealed a right parietal lump with no neurological deficits. CT scan showed a single intraosseous mass with a maximum diameter of 42 mm and “sunburst appearance” involving both inner and outer tables and displacing normal brain tissue. MRI evidenced a hyperintense lesion on T2 with trabecular thickening radiating from a hypointense center, ruling out parenchymal or dural infiltration.

Results: In view of this growing lesion, the patient was operated following the surgical technique for bone lesions: en bloc excision with tumor-free margins. Her postoperative period was uneventful. The pathologist reported a cavernous hemangioma.

Conclusions: Hemangiomas constitute approximately 0.7% of all osseous tumors. It is extremely uncommon to find them as calvarial lesions. Often resected under suspicion of systemic disease, they are normally diagnosed as a single lesion in middle-aged women who are subsequently subjected to extra imaging tests. We reported the classical cavernous hemangioma radiological features. Nevertheless, these traditional characteristics could be absent. Furthermore, these tumors can mimic other diseases as bone metastases or sarcomas with non-limited and lytic margins. Nonetheless, if the typical radiological pattern known as the sunburst sign is evidenced, no extended study is needed and surgical resection is recommended. In conclusion: a potential definitive treatment can be offered to young women with a single skull lesion. These patients can save additional imaging and explorations if the representative signs are present and the suspicion of a cavernous hemangioma is raised.