

Cerebellar anaplastic astrocytoma

Cerebellar anaplastic astrocytoma is infrequently encountered even nowadays, and drop metastasis with progression into spinal glioblastoma is not reported in the English literature.

Case report

Kuo et al. report a case of cerebellar anaplastic astrocytoma receiving operation and subsequent concurrent chemoradiotherapy. One year later, progressive weakness of both lower limbs and unsteady gait occurred. Spine magnetic resonance imaging showed cervical and thoracic spine intramedullary tumor. They then performed laminectomy and tumor biopsy. The histopathological report demonstrated primary spinal cord glioblastoma multiforme with positive glial fibrillary acidic protein, high MIB-1 labeling index and negative staining of isocitrate dehydrogenase-1 mutation. After reviewing the English literature to date, most metastatic spinal glioblastoma resulted from previous intracranial glioblastoma, and there are few studies mentioning spinal glioblastoma originating from intracranial low-grade gliomas. Over time, improvement in local control of the primary tumor has raised patient risk of the possibility of spinal metastasis, and clinical physicians should be aware of this aspect so that quicker diagnosis and management will be accomplished, even in patients with lower grade of intracranial gliomas ¹⁾.

¹⁾

Kuo KL, Lieu AS, Tsai FJ, Chen YT, Liang PI. Intramedullary spinal glioblastoma metastasis from anaplastic astrocytoma of cerebellum: A case report and review of the literature. Asian J Neurosurg. 2015 Jul-Sep;10(3):268-71. doi: 10.4103/1793-5482.161170. PubMed PMID: 26396627; PubMed Central PMCID: PMC4553752.

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