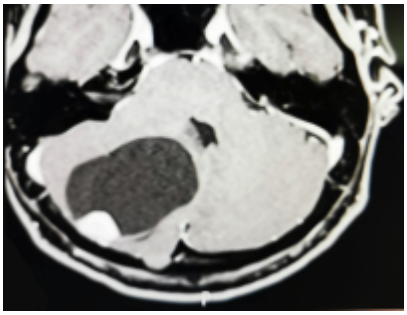
Cerebellar hemangioblastoma

- Outcomes After Stereotactic Radiosurgery for Intracranial Hemangioblastoma in Von Hippel-Lindau Disease and Sporadic Cases: An International Multicenter Study
- Leptomeningeal hemangioblastoma: illustrative case
- A case of recurrent hemangioblastoma receiving blood supply from the mastoid and transosseous branches of the occipital artery
- Unilateral Pheochromocytoma in Von Hippel-Lindau Syndrome Revealed by a Hemangioblastoma
- Fibroblast growth factor receptor expression in hemangioblastomas: A novel therapeutic target
- Fatal intracranial haemorrhage shortly after belzutifan initiation in von Hippel-Lindau (VHL) disease-associated haemangioblastoma
- Rapid Clinical Deterioration of a Patient with a Posterior Fossa Hemangioblastoma and Extensive Cerebellar Ischemia: Report of a Unique Case
- Retinal vascular proliferation with fibrotic regression in von Hippel-Lindau disease



Cerebellar hemangioblastoma is a vascular posterior fossa tumor with a clear border that develops from intramedullary to extramedullary.

Epidemiology

see Hemangioblastoma epidemiology.

Up to 20–25% of cerebellar hemangioblastomas occur in the context of Von Hippel-Lindau disease.

The cerebellum is the most common site for hemangioblastomas, followed by the spinal cord hemangioblastoma and brainstem hemangioblastoma.

Classification

Histologically [1] and radiologically [2] , cerebellar HBs are traditionally described as four types:

Type 1 (5% of posterior fossa HBs) is a simple cyst without a macroscopic nodule.

Type 2 is a cyst with a mural nodule (60%).

Type 3, or solid tumors (26%).

Type 4, or solid tumors with small internal cysts (9%), are also seen in the cerebellum and predominate in the spinal cord.

Some authors have stated that type 1 is rare.

Clinical features

Cerebellar hemangioblastoma clinical features.

Diagnosis

Cerebellar hemangioblastoma diagnosis.

Differential diagnosis

Cerebellar Hemangioblastoma Differential Diagnosis.

Treatment

see Cerebellar hemangioblastoma treatment.

Outcome

Surgical treatment may be curative in cases of sporadic HGB, but not in VHL.

Solitary hemangioblastomas are for the most part considered benign, curable by total resection, except in those cases associated with von Hippel-Lindau disease.

Despite extensive literature describing the diagnosis, treatment, and prognosis of these lesions, [3] individual cases still present a surgical quandary given their frequently eloquent location and a high degree of vascularity.

Recurrence

Recurrence of cerebellar hemangioblastomas can happen, especially in individuals with VHL disease, where multiple tumors may develop over time. Recurrence is a significant concern because it can lead to neurological symptoms and complications. Here are some factors and considerations related to cerebellar hemangioblastoma recurrence:

Von Hippel-Lindau (VHL) Disease: Individuals with VHL disease are predisposed to developing multiple

tumors throughout their lifetime. Since cerebellar hemangioblastomas are often associated with VHL, the risk of recurrence is higher in these patients.

Multifocality: Cerebellar hemangioblastomas can be multifocal, meaning that multiple tumors may be present in the cerebellum or other parts of the central nervous system. The presence of multiple tumors increases the likelihood of recurrence.

Genetic Testing: Genetic testing for VHL mutations can help identify individuals at risk of developing cerebellar hemangioblastomas. Regular monitoring and early detection through imaging studies (such as MRI) are crucial for managing these tumors and preventing complications.

Surgical Resection: Surgical removal (resection) is a common treatment for cerebellar hemangioblastomas. However, complete removal may be challenging due to the tumor's vascularity and location. Recurrence can occur if not all tumor tissue is removed during surgery.

Follow-up Monitoring: Regular follow-up appointments and imaging studies are essential to monitor for tumor recurrence. Early detection allows for timely intervention and management.

Adjuvant Therapies: In some cases, adjuvant therapies such as radiation therapy may be considered to reduce the risk of recurrence, especially if complete surgical removal is not possible.

Patient-Specific Factors: Factors such as the size of the tumor, its location, and the age and overall health of the patient can influence the risk of recurrence and guide treatment decisions.

Lifestyle Considerations: For individuals with VHL disease, lifestyle considerations such as avoiding smoking and alcohol, maintaining a healthy diet, and managing blood pressure are important for overall health and may indirectly impact the risk of tumor recurrence.

It's important for individuals with cerebellar hemangioblastomas, especially those with VHL disease, to work closely with their healthcare team to develop a personalized treatment and monitoring plan. Regular follow-up and early intervention are key components in managing the risk of recurrence and optimizing outcomes.

Case series

Cerebellar hemangioblastoma case series.

Case reports

Cerebellar hemangioblastoma case reports.

Cerebellar hemangioblastoma associated with Von Hippel-Lindau disease

Cerebellar hemangioblastoma associated with Von Hippel-Lindau disease.

Unclassified

see Cerebellar hemangioblastoma unclassified.

References

1)
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2)
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3)
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