Cerebellar hemangioblastoma case reports

- 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
- Fatal intracranial haemorrhage shortly after belzutifan initiation in von Hippel-Lindau (VHL) disease-associated haemangioblastoma
- Retinal vascular proliferation with fibrotic regression in von Hippel-Lindau disease
- Management of Pregnancy in a Case of Endolymphatic Sac Tumour as a Part of Von Hippel-Lindau Syndrome Complex: A Case Report and Review of Literature
- Endoscopic Keyhole Approach Is Useful in the Diagnosis and Removal of Cystic Cerebellar Hemangioblastoma: A Case Report
- Von Hippel-Lindau disease with ocular and multiple systemic findings
- Pediatric patients with von Hippel-Lindau and hemangioblastomas treated successfully with belzutifan

2024

Liu Z, Chen Q, Ren J, Ding L. Glioma located on the right cerebellar hemisphere misdiagnosed as hemangioblastoma: A case report. Asian J Surg. 2024 Nov 26:S1015-9584(24)02569-7. doi: 10.1016/j.asjsur.2024.10.235. Epub ahead of print. PMID: 39603947.

2023

A 44-year-old female patient presented with a one-month history of depression and flat affect. She had no cerebellar symptoms including no coordination dysfunction or dysarthria. Cognitive function tests revealed impairments in attention, execution, and processing speed. Hamilton Depression Rating Scale and Hospital Anxiety and Depression Scale indicated moderate-to-severe depression. Magnetic resonance (MR) imaging revealed a 7-mm enhancing lesion in the culmen of the cerebellar vermis with surrounding edema. Tc-99m ECD SPECT showed hypoperfusion in the left frontal lobe. Although she was initially treated with corticosteroids for presumed seronegative autoimmune encephalitis, her symptoms persisted. She then underwent cerebellar lesion resection. The histological diagnosis was hemangioblastoma. The patient's symptoms dramatically improved within 1 week of resection, including improved batteries for cognitive function and depression. Complete regression of cerebellar edema and left frontal lobe hypoperfusion were observed on MR and SPECT images, respectively. This case reiterates the crucial influence of the cerebellum on cognitive and affective function. Moreover, cognitive dysfunction may be masked in cases with focal cerebellar symptoms or elevated intracranial pressure, and consequently, not adequately evaluated [1)].

2022

A 30-year-old woman in the 33rd PWwho had experienced a severe headache, dizziness, vomiting, and limb weakness. A cesarean section was performed in the 34th PW, followed by neurosurgery

under multidisciplinary discussion.

The pathological exam suggested hemangioblastomas. Finally, both the pregnancy and the fetus had a good outcome.

This case emphasizes on the timing of surgery should be determined according to the neurological symptoms of the pregnancy and the gestational age (GA) and condition of the fetus [2)].

2019

A 50-year old patient with a history of right-sided cerebellar hemangioblastoma resection 10 years previously presented with a recurrent left sided palpable breast mass. She was referred for triple breast assessment and subsequent ultrasound-guided biopsy. On physical examination, the lesion was hypoechoic, ill-defined and located in the upper outer quadrant as are most breast malignancies. Ultrasound and mammography showed suspicious features. The ipsilateral axilla was normal. Histopathology revealed a diagnosis of breast angiomatosis with no evidence of associated malignancy. Vascular tumors of the breast are very rare, present diagnostic challenges and are prone to local recurrence. Complete excision with clear margins is recommended. Mastectomy is a consideration for diffuse disease that cannot be fully cleared with lumpectomy or Wide local excision. Cerebellar hemangioblastoma and breast angiomatosis is a very unique combination, particularly in the absence of an underlying phacomatosis. Radiological features of angiomatosis mimicking malignancy without pathognomonic imaging signs have been observed. Knowledge of these rare vascular breast tumors is key to making this unusual diagnosis and helps to reduce the number of radical surgical procedures [3)].

A patient treated for sporadic cerebellar HB relapsed 12 years post-surgery. She developed disseminated disease throughout the CNS, including leptomeningeal manifestations. Repeat surgery and craniospinal radiation therapy were unsuccessful.

This case is in line with previous publications on disseminated non-VHL HB. Available treatment options are inefficient, emphasizing the need for improved understanding of HB biology to identify therapeutic targets [4)]

A 10-year-old child who presented with a large hematoma in the left cerebellar hemisphere. Hemangioblastomas was not expected preoperatively to be the cause. An emergency suboccipital craniotomy was performed. Histopathological examination confirmed the diagnosis of hemangioblastoma with massive hemorrhage [5)].

1)
Inoue M, Oya S, Yamaga T, Tajima T, Hanakita S. Pearls & Oy-sters: Cognitive and Affective Dysfunction Caused by a Small Cerebellar Hemangioblastoma. Neurology. 2023 Jul 5:10.1212/WNL.0000000000207509. doi: 10.1212/WNL.0000000000207509. Epub ahead of print. PMID: 37407260.
2)

Wang X, Liu Y, Song DP. Cerebellar hemangioblastomas in a high-risk pregnancy:A case report and review of literature. Curr Med Imaging. 2022 Oct 17. doi: 10.2174/1573405619666221017114922. Epub ahead of print. PMID: 36263473.
3)

Wegner U, Balschat S, Decker T, Ryan AG. Rare Coexistence of a Cerebellar Hemangioblastoma and Angiomatosis of the Breast without Underlying Phakomatosis. J Clin Imaging Sci. 2019 Mar 28;9:8. doi: 10.25259/JCIS-9-8. eCollection 2019. PubMed PMID: 31448159; PubMed Central PMCID: PMC6702855.
4)

Bains SJ, Niehusmann PF, Meling TR, Saxhaug C, Züchner M, Brandal P. Disseminated central nervous system hemangioblastoma in a patient with no clinical or genetic evidence of von Hippel-Lindau disease-a case report and literature review. Acta Neurochir (Wien). 2019 Feb;161(2):343-349. doi: 10.1007/s00701-019-03800-z. Epub 2019 Jan 17. Review. PubMed PMID: 30652202.
5)

Wang Q, Cheng J, Zhang W, Ju Y. Spontaneous massive intracystic hemorrhage due to cystic hemangioblastoma in a pediatric patient. Br J Neurosurg. 2019 Jul 10:1-2. doi: 10.1080/02688697.2019.1639618. [Epub ahead of print] PubMed PMID: 31290349.