Cerebral myxopapillary ependymoma

The first tumor occurred in the cerebral hemisphere of an 8-year-old girl and had no relationship to the lateral ventricles. Microscopically, it showed abundant mucin production around papillary or reticular structures. Immunohistochemically, these tumor cells were weakly positive, with glial fibrillary acidic protein demonstrated in part of the tumor and vimentin strongly demonstrated throughout the tumor. The results may indicate the poorly differentiated nature of this tumor. [1)].

The second as located intraparenchymally in the left frontal lobe without connection to the lateral ventricle, which was compressed by the mass effect of the cyst and peritumoral edema. This is the second case of myxopapillary ependymoma originating in the cerebral parenchyma, where ependymal cells are not normally present. The microscopic architectural features of the tumor were distinctive: cellular tumor with neoplastic cells arranged around stromal vessels, forming papillary structures. Mucoid material was variably accumulated, particularly around blood vessels.

The patient underwent detailed radiographic evaluation, the results of which were negative for systemic or subarachnoid metastasis.

The patient did not receive adjunctive radiation therapy because the tumor was gross totally removed. Clinical and radiographic follow-up has been continued to 2004 without signs of local recurrence or metastasis [2)].

1)
Maruyama R, Koga K, Nakahara T, Kishida K, Nabeshima K: Cerebral myxopapillary ependymoma. Hum Pathol 23:960–962, 1992.
2)
Tzerakis N, Georgakoulias N, Kontogeorgos G, Mitsos A, Jenkins A, Orphanidis G. Intraparenchymal myxopapillary ependymoma: case report. Neurosurgery. 2004 Oct;55(4):981. PubMed PMID: 15934181.