Dysembryoplastic Neuroepithelial Tumor Outcome

Seizure control: usually improves after surgery of dysembryoplastic neuroepithelial tumor. The degree of control seems to correlate with the completeness of removal. Improvement in seizures correlates inversely with the duration of intractable seizures [1].

Elder seizure onset age, longer duration of seizures prior to surgical resection, and a temporal location may be risk factors of poor prognosis for DNTs patients after surgical resection [2].

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see Dysembryoplastic neuroepithelial tumor recurrence

Malignant transformation

Mitoses or endothelial proliferation, seen on occasion, do not affect the outcome. Malignant transformation is very rare.

There have been isolated case reports of astrocytic (malignant) transformation of a histologically proven DNET.

Perhaps one with gemistocytic differentiation. The mechanism of development of a gemistocytic astrocytoma in a proven DNET remains a matter of debate. Its proposed mechanism is either a collision tumor or the neoplastic change within DNET.

These reports of malignant transformation lend credence to the theory that there is at least a subgroup of lesions amongst DNETs, which have a malignant behavior and require adjunct treatment strategies. The issue is to identify this specific subset. How to do this? Whether some special characteristics on histopathologic examination or the genetic analysis hold the key remains unanswered. Till then, the need for lifelong surveillance in the case of DNET cannot be overemphasized [3].

1)
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