Spinal anaplastic ependymoma

The aim of a study was to elucidate the role of treatment modalities in primary spinal anaplastic ependymomas (PSAE) and identify promising prognostic factors. PSAE are rare tumors of the central nervous system with poorly understood clinical characteristics and treatment outcomes.

Chen et al., reviewed the literature in PubMed, Web of Science and Scopus databases to identify patients with PSAE. Multivariate Cox proportional hazards analysis and univariate Kaplan-Meier analysis were performed on the PSAE patients and overall survival (OS) and progression-free survival (PFS) were assessed to evaluate the clinical outcomes. Of the 40 patients with PSAE, the tumors were mostly intramedullary (n=19; 47.5%) and frequently involved the thoracic cord (n=25; 62.5%). Eighteen patients suffered recurrence during the follow-up with a median PFS of 24 months. The 1, 2, and 5year OS rates of the PSAE patients were 91.5%, 82.1%, and 63.1%, respectively. Gross total resection (GTR) was independently associated with prolonged PFS (hazard ratio [HR] 0.11; p=0.004) and OS (HR 0.11; p=0.003) in the multivariate analysis. Adjuvant radiotherapy also conferred improved PFS (HR 0.15; p=0.008) and OS (HR 0.16; p=0.022). Age, sex, tumor location and chemotherapy did not influence the outcomes in this group. The results of the study suggest that GTR and adjuvant radiotherapy are strong prognostic indicators in patients with PSAE and the role of chemotherapy is yet to be defined [1].

Kim et al., present a rare case of spinal anaplastic ependymoma with an accompanied exophytic lesions extramedullary as well. The tumor was poorly delineated between a spinal cord and the extramedullary components in operative view. After we had confirmed the frozen biopsy as anaplastic ependymoma, the remnant mass embedded in the spinal cord was remained because of its unclear resection margin and the risk of neurological deterioration. She underwent radiotherapy with 50.4 Gy, and there were newly developed mass lesions at the lumbosacral region on the MRI, 14 months postoperatively [2].

1)
Chen P, Sui M, Ye J, Wan Z, Chen F, Luo C. An integrative analysis of treatment, outcomes and prognostic factors for primary spinal anaplastic ependymomas. J Clin Neurosci. 2015 Jun;22(6):976-80. doi: 10.1016/j.jocn.2014.11.032. Epub 2015 Mar 11. PubMed PMID: 25769252.
2)
Kim BS, Kim SW, Kwak KW, Choi JH. Extra and intramedullary anaplastic ependymoma in thoracic spinal cord. Korean J Spine. 2013 Sep;10(3):177-80. doi: 10.14245/kjs.2013.10.3.177. Epub 2013 Sep 30. PubMed PMID: 24757483; PubMed Central PMCID: PMC3941770.

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