

Two Primary brain Tumors in a patient with minimal Complaint a case report.

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Summary:

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Background: Multiple tumors in the nervous system is a rare event.

Patient & Method: A forty two years old male who was enjoying completely healthy life presented with one week history of a single attack of confusion .he was presented with double tumour in the brain operated up on our department by craniotomy .

Results: His neurological clinical examination was negative. A CT scan & MRI of the brain showed two intracranial space occupying lesions. A solid right frontal lesion and another cystic lesion in the third ventricle. . The pathology proved the frontal lesion to be a meningioma while the third ventricular tumour was colloid cyst.Post operative period was uneventful. Follow up for few months showed no complaint.

Conclusion : Multiple Primary Tumor of the brain are uncommon & very to have a Meningioma assoaiated with colloid cyst of the 3rd ventnical in almost asymptomatic patirnts.

Introduction

Primary intracranial tumors are rare, accounting for only approximately 3% of all incident cancers (1). Gliomas and meningiomas constitute approximately 65% of these intracranial tumors (1). The other large group of primary intracranial neoplasms is pituitary adenomas, which account for approximately 8% (2).

Meningiomas are common brain tumors that arise from the cells of meninges that were first named by Harvey Cushing in 1922.They originate from the arachnoidal cells. The age incidence is between 20-60 years with peak insidense around 40 with slight ♀predominance (3). Most meningiomas are solitary but multiple meningioma can occur alone on in association with neuro fibromatosis(4)

Meningioma less commonly can be associated with different type of gliomas especially in the cerebrum,mainly with glioblastoma multiform which is highly malignant glioma.(5)but this must be differentiated from multiple cells in the same lesion recently named gliosarcoma.

Meningiomas can be associated with other types of gliomas but less commonly on with oligodendroglioma(6) or Astrocytoman espicialy anaplastic type.(7)

Meningiomas has also been reported to be associated with pituitary edenomas.(8)

Colloid cyst.(Para physical or neuro-epithelial cyst.)It represent the paradigm of the primary 3rd. Ventricular Tumour.The incidence is around.0,6-15% of all brain tumors with age incidence between 30-50 years with equal incidence of both sexes or slight male predominance. Its usually oval or spherical in shape usually 1-3cm in diameter but can be big enough to fill the whole ventricle(3)

Colloid cyst has been reported to be associated with Glioblastoma multiformis.(9)

Patient & Method

K.I.A. who is 42 years old ♂, was completely healthy &on -Dec. -2002 he presented with a single attack of confusion.

He has history of mild head injury 12 years ago .He is a heavy smoker of around 40 cigarrete/ day for 20 years. Physical &neurological examination was negative.

The neurologist who examined him adviced for CTscan of the Head &MRI of the brain.

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CTscan showed 2 intracranial lesions the 1st is a hyper dense spherical lesion 4cm in diameter in the Rt. Frontal cerebral cortex highly suggestive of Meningioma & another intra ventricular hyper dense lesion, 4cm in diameter spherical cystic , highly suggestive of colloid cyst of 3rd ventricle.

The MRI showed 2 lesions, one frontal mass; the Rt. Frontal cerebral cortex partially reaching the dura is , intense. T1W&T2W, which is intense homogenous enhancement after contrast. (1.8 × 1.8cm). Another well defined rounded. (3.0×3.0cm) space occupying lesion with in the 3rd ventricle project to the lateral ventricle displacing the corpus callosum upward, It appear hyper intense in T1W.(Fig-1)

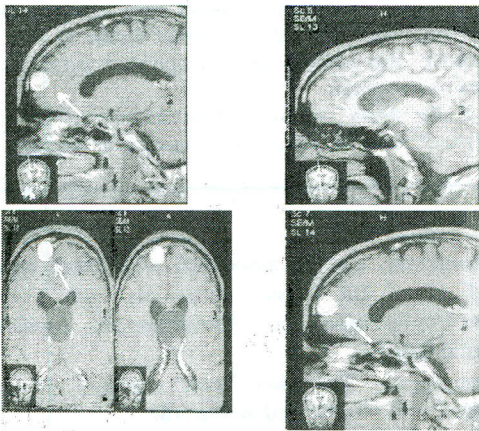


Fig.1 MRI of the patient.

The patient was operated upon in Al-Shaheed Adnan Hospital Department of Neurosurgery at 3/12/2002 by craniotomy, bifrontal skin incision of the Rt frontal craniotomy .the Rt. Frontal lesion was attacked 1st, seperated from the normal tissue & excised in one piece with it 3 dural covering which was involved, the intra ventricular lesion was drained by Endoscope & by brain needle & biopsy was taken.

Smooth post operative period free from complication including fit & chemical meningitis . The Biopsy Study Showed:

1) Meningio- theliad Meningioma (Rt.frontal lesion)(Fig-2)

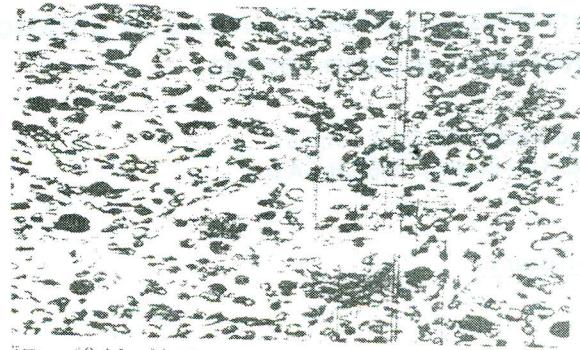


Fig.2 Meningio- theliad Meningioma study by Dr.Ragy Alhadethey (MRCP Path.)

2) Colloid cyst for 3rd ventricle tumor.(Fig.-3)

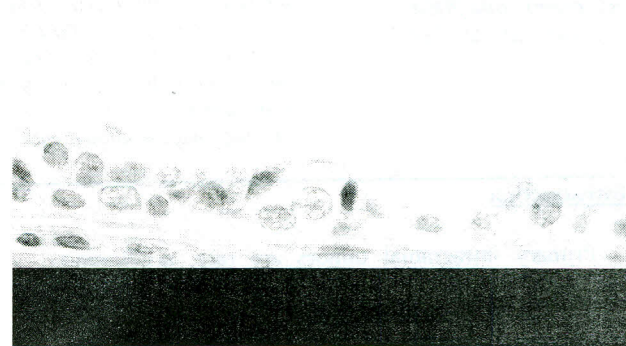


Fig.3 Colloid cyst of the 3 rd ventricle study by Dr.Ragy Alhadethey (MRCP Path.)

Stitches were removed at - 10/12 / 2002.

Patient discharged well from hospital at 13/12/2004 & on regular visits, enjoying good health & on anti convulsant therapy (Tegretol((Carbamezapine)) 200mg 1×2)

Discussion:

Multiple Primary intracranial tumors are not common.(4)

In our study we took a patient who was completely healthy & only minor complain (single attack of confusion) & on CTscan & MRI found to have 2 tumors & by histopathology study it was proved to be Meningioma & colloid cyct of the 3 rd ventricle .

Meningioma can be multiple & but rarely associated with other type of tumor.

It can be associated with glioma ,as studied by kepes 1982 (5),.As well as Russal Rubinst 1989(4) & Gass & van wagen 1950 showed association of Meningioma with oligodendro glioma .(6) ,& taraka

etal 1975 & Nagashima Nakashio & Fungio 1963 (11) Cooper 1969 show multiplicity between Meningioma & Astrocytoma of the anaplastic type (10).

Strong et al 1976 (case 1) association of Meningioma with Glioblastoma. (Abs. Etal 1993) show a study of 25 patients of association of Meningioma with pituitary adenoma (8).

Colloid cysts are less common than Meningioma & their multiplicity if even less seen.

Manuelidis & Solitare (1971) presented patients with glioblastoma multiformis associated with colloid cyst of the 3rd ventricle (7).

Why we presented such a case:

Multiple Primary Tumor of the brain are uncommon & it's very rare to have a Meningioma associated with colloid cyst of the 3rd ventricle especially in almost asymptomatic patients.

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