CS-06
A CASE OF OLFACTORY GROOVE SCHWANNOMA THAT WAS NEGATIVE FOR CD57

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BACKGROUND: Most cases of glioblastoma recur within one year even with standard treatment of surgical resection, radiation therapy, and chemotherapy, and in rare cases of metastasis, most are within the CNS. Extradural metastasis is considered exceedingly rare. CASE REPORT: We present a 21-year-old man post total resection of right parietal lobe glioblastoma, diagnosed with lumbar metastasis. He originally presented with impaired consciousness and left hemiplegia at the age of 20 and underwent gross total resection of the tumor. Pathology was IDH wild type, H3F3A K34RV wild-type glioblastoma. Radiotherapy and adjuvant temozolomide per the Stupp regimen as well as infusion of bevacizumab were conducted for 6 months after the resection of tumor, the patient presented with severe back pain. Radiographic studies showed an osteolytic mass on the first lumbar vertebra, and needle biopsy was consistent with glioblastoma. Posterior spinal decompression, internal decompression and radiotherapy were conducted to relieve the pain. At 3 months after the diagnosis of lumbar metastasis, he is currently treated with temozolomide and bevacizumab, without the enlarging of the tumor. DISCUSSION: As far as we investigated, there has been 30 cases of vertebral metastasis of glioblastoma reported in literature. Considering the biological obstacles that prevent glioblastomas from infiltrating outside of the CNS, it can be speculated that deposition of tumor cells into the blood stream or excision of the dura due to surgical interventions may attribute to extracranial metastasis. Due to the absence of involvement of overall surgery, extracranial metastasis is suspected to be more common. Therefore, investigation of its risk factors and standardization of its treatment is necessary. CONCLUSION: We reported a case of lumbar metastasis of glioblastoma. Extracranial metastasis of glioblastoma must be included in differential diagnoses in treating patients with glioblastoma.

CS-07
A CYSTIC LONG-SEGMENT CERVICAL SCHWANNOMA: A CASE REPORT

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Schwannomas are the most common intradural extramedullary spinal tumors. However, they are usually solid tumors, and totally cystic changes are rare. Herein, we report a case of a 46-year-old male presenting with numbness of right limbs, right hemiplegia, and posterior neck pain for one year. MRI revealed a well-defined cystic long-segment, from C1 to C6, intradural extramedullary mass. The lesion showed hypointense on T1WI, hyperintense on T2WI, hyperintense on DWI, and it was marginally enhanced on the contrast. Total resection with Gd-DTPA-C1 laminecctomy and semi-laminecctomy from C2 to C6 was performed for tumor resection. The tumor was found to be totally cystic and tended with a jelly-like content. It was completely resected with the attachment of the C3 dorsal root. Histopathological examination confirmed it to be a schwannoma. The mechanism of cyst formation in schwannoma is considered as results of ischemic necrosis associated with tumor growth, or cystosis due to degeneration of Antoni-type B region. The long-segment, totally cystic intradural cervical schwannoma is rare, but it should be included in the differential diagnosis of a cystic mass in the spinal region. It can be difficult to distinguish cystic spinal schwannomas from other cystic lesions like arachnoid cyst, epidermoid cyst, and neuroenteric cyst. Contrast enhanced MRI is useful by enhancing the margin of the tumor.

CS-08
A CASE OF CD57 NEGATIVE OLFACTORY FOSSA GROOVE SCHWANNOMA IN WHICH SCHWANN / E AND SOX10 WAS USEFUL FOR DISTINGUISHING FROM OECD TUMOR: A CASE REPORT AND REVIEW OF THE LITERATURES

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INTRODUCTION: In the case of the differentiate between olfactory groove schwannomas (OGS) and olfactory encephalizing cell (OE) tumors, CD57 is the marker which is specific for Schwann cell is useful. We experienced a case of OGS that was negative for CD57. CASE PRESENTATION: This case was a 13-year-old girl. Medical history: She visited the pediatric department with a chief complaint of headache. On the magnetic resonance image (MRI), a tumors lesion was found in the anterior skull base and was referred to our department. No dysosmia, visual impairment, or cafe au lait spots were observed. Past history: As a medical history, she has developed acute lymphocytic leukemia at the age of 1 and has achieved complete remission after chemotherapy. At that time, radiation treatment to the head was not performed. Neuroradiological findings: The tumor was strongly enhanced heterogeneously in Gadolinium (Gd). Enhanced MRI and the angiography showed hypovascular. Progress after hospitalization: The tumor was clearly demarcated from the surrounding brain surface and adhered strongly to the cribriform plate. Eventually, all tumors were removed and the patient was discharged on the 10th postoperative day. Five years have passed since the operation, and no recurrence of the tumor has been confirmed by MRI. Pathological findings: Antoni A and Antoni B were seen by Hematoxylin & Eosin (H & E) staining. Immunostaining showed S-100 positive, Schwann / E and Sox10 positive, and CD57 negative. Discussion: In our case, CD57 (Leu7) was negative, but Schwann / E and Sox10 were positive, so OGS was diagnosed. CONCLUSION: We experienced a case of OGS that was negative for CD57 (Leu7) but positive for Schwann / E and Sox10. For pathological differentiation between OGS and the OE tumor, Schwann / E and Sox10 immunostaining would also be necessary in addition to H & E stain and CD57 (Leu7).