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Primary leptomeningeal metastasis in a pediatric with high grade glioma

Armheel Klein Baldonado

Cardinal Santos Medical Center, Philippines

The objective of this case report is to present a case of leptomeningeal metastasis at the time of diagnosis of the primary high-grade glioma in a child and to describe the course of diagnosis, treatment and outcome. A 13-year old girl presented with signs and symptoms including headache with associated projectile vomiting, which persisted for a month and was accompanied with diplopia and ataxia. MRI was done revealing a mass on the left temporal lobe, which was compatible with diffuse meningitis and an alternative diagnosis of a high-grade neoplasm with leptomeningeal metastasis. She underwent left temporal parietal craniotomy with excision of the tumor and revealed a histopathologic diagnosis of high-grade gliomas consistent with glioblastoma. Patient underwent adjuvant Craniospinal Irradiation (CSI). Additional chemotherapy was then initiated with Temozolamide for 6 cycles due to the residual glioblastoma with leptomeningeal metastasis. A repeat craniospinal MRI was done after the last cycle of chemotherapy, which revealed an apparent complete resolution of the previously noted contrast-enhancing residual mass. Leptomeningeal metastasis from GBM in the pediatric age group is not a common occurrence. The evaluation of leptomeningeal dissemination of tumor is based on the several criteria: presence of clinical signs and/or symptoms, evaluation of lumbar CFS cytology and craniospinal CT scan or MRI. Current treatment for pediatric GBM typically includes initial surgery followed by radiation and chemotherapy. There is no specific recommendation for CSI for primary disseminated GBM. The efficacy of Temozolamide remains controversial but a beneficial effect is not disproven.

Biography

Armheel Klein Baldonado is currently the Chief Resident of Radiation Oncology at a Training Institution in the Philippines.

armelklein@gmail.com

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