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## Case Report: Central neurocytoma in a 26 yrs old female

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Central neurocytoma, abbreviated CNC, is an extremely rare, ordinarily benign, a WHO grade II intraventricular brain tumour that typically forms from the neuronal cells of the septum pellucidum.[1] They likely have an incidence of less than 1% given that a range of 0.1%–0.5% has been reported[2] These tumors are typically benign, though atypical variants have been reported and residual postsurgical tumor is believed to have potential for malignant transformation [3] Typically, it has a favorable prognosis after adequate surgical intervention with gross total resection leading to better prognosis and disease free interval as compared to subtotal resection but in some cases the clinical course is more aggressive. The rarity of central neurocytomas, which comprise only 0.1–0.5 % of all primary brain tumors, has resulted in a paucity of information regarding their optimal management[8] Here we are reporting a case of 26yrs old girl who was referred to us from a farflung area with central neurocytoma. We searched and explored all possible literature for her proper management and in this report we are sharing our experience in an attempt to add into all the available data regarding this very rare entity. A 29 yrs old unmarried female presented to us with severe headache in the frontal (forehead) region continuously for 7days that was aggravated on stooping and bending forwards (whenever I

move my head downwards) alongwith vomiting for 5days. Her history dated back to 1year ago when she first started to suffer from headaches, back then the headache would “decrease”in intensity on taking medicine but would never completely go away. Pain could be easily reproduced on bending forwards.Gradually it increased in intensity and frequency till 7days ago it became unbearable making her seek immediate medical care at local filter clinic ( a basic health unit). The doctor suspected an intracranial pathology and after stabilization he counseled and referred the patient to our tertiary care facility. On MRI a heterogeneous, isointense mass intraventricular lesion in lateral ventricle attached to the septum pellucidum was noted that had mild-moderate heterogeneous enhancement on contrast scan. On T2 scan an iso to somewhat hyperintense mass and flow voids were noted. There was hydrocephalus noted on scans. All of these findings suggested a tentative diagnosis of “central neurocytoma”. Patient underwent a successful surgery through right frontal craniotomy. An L-shaped incision given. Using a transcortical approach through middle frontal gyrus tumor was reached and excised. Septostomy done. An EVD was left in place. Wound closed in layers and a subgaleal drain was left. Patient made an uneventful recovery and was discharged from hospital after 10days.

### Biography

Noor UI Huda Maria is one of a few female neurosurgeons in Pakistan .She is currently working at Pakistan's largest dedicated neurosurgery hospital ,Punjab institute of neurosciences (PINS).She has completed her fellowship training from the same institute as well. Graduate of Services Institute of Medical Sciences with top position ,distinctions and gold medals, she has always been passionate about neurosurgery. She has got special interest in research work and has various articles published in national and international journals. She has presented her abstracts and e posters at different international conferences. Currently working on a book.

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