

Synchronous multicentric pleomorphic xanthoastrocytoma with anaplastic features: Comparative pathological study between conventional and anaplastic types

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Abstract

Background: Pleomorphic xanthoastrocytoma (PXA) has been considered an astrocytic tumor with a relatively favorable prognosis. However, PXA cases having several recurrent patterns with poor prognosis have been reported in recent years, and a new concept of “PXA with anaplastic features” has been proposed. We present one such case in a 55-year-old male who presented with weakness and numbness of right upper and lower limbs since 3 months along with difficulty in walking as well as difficulty in speaking since then. He also complained of headache since 9 months. The magnetic resonance imaging study revealed two well demarcated, hypointense, enhancing lesions in the left parietal and posterior frontal lobes. Clinical and radiological examinations were suggestive of a metastatic neoplasm. A left parietal craniotomy was performed with total excision of the bigger lesion. The histopathological findings were of PXA with strong pleomorphic, xanthomatous changes, extensive areas of tumor necrosis and increased mitotic activity. Because of these characteristic findings, a histopathological diagnosis of “PXA with anaplastic features” was given. Synchronous multicentric PXA presents unique challenges since total resection of multifocal tumors can cause significant surgical morbidity. In addition, histological homogeneity among the lesions cannot be confirmed and the well-described potential for anaplastic transformation may be increased with multiple lesions. The pathological findings of this case is compared with the two conventional cases of PXA diagnosed in our department in the last 10 years.

Keywords

Pleomorphic xanthoastrocytoma, xanthomatous

Background

A 55-year-old male gave shortcoming and deadness of right upper and lower appendages since 3 months. Tolerant experienced issues in strolling just as trouble in talking from that point forward. What's more patient grumbled of cerebral pain since 9 months. Understanding

had 2 to 3 scenes of spewing since 3 days. On clinical assessment, higher engine capacities were typical. Memory of ongoing occasions was likewise ordinary. There was trouble in vision for the two eyes. Sensations were decreased in lower side of maxillary and mandibular locale and there was trouble in hearing in right ear. Torment sensations were diminished on right side. Tone and mass were decreased in right upper and lower appendages. Clinical determination of metastatic tumor in the cerebrum was delivered. Quiet went through CT sweep and potential outcomes of multicentric glioblastoma multiforme and metastatic stores in cerebrum were suspected. Persistent went through right frontal craniotomy with excisional biopsy of the two injuries in the privilege cerebral sides of the equator. Preoperatively the tumor was firm and reasonably vascular. Net assessment uncovered numerous dim white delicate tissue pieces estimating out and out 5 cm 3. Tiny assessment uncovered sheets of pleomorphic astrocytes indicating central fascicular plan and various tumor monster cells. These tumor cells were indicating extended, hyperchromatic odd core with noticeable nucleolus and infrequent intranuclear incorporations. The cytoplasm of these tumor cells shifted from eosinophilic to hyaline to frothy. Plentiful PAS positive granular eosinophilic bodies were seen. Central perivascular inconsistent lymphocytic penetrate There was thick reticulin staining around single or assembled tumor cells. There were broad regions of tumor putrefaction and moderate number of mitotic.

The presence of putrefaction in PXA is additionally a phenomenal and a critical element. Pleomorphic xanthoastrocytomas may show locales of rot at determination or after numerous long stretches of follow-up, an element that is perceived by the WHO as fitting the bill for the conclusion of “pleomorphic xanthoastrocytoma with anaplastic highlights.” It predicts the helpless anticipation. Leptomeningeal dispersal is definitely not an extraordinary example of repeat for PXA with anaplastic highlights. The very much portrayed potential for anaplastic change might be expanded with different sores. Leptomeningeal dispersal of PXA, with or without anaplastic highlights, usually presents as numerous nodular injuries, rather than the diffuse scattering found in high-grade astrocytomas. In these cases, the differential conclusion needs to reject different malignancies, for instance, glioblastoma or dangerous stringy histiocytoma. Immunocytochemical identification of GFAP may uphold rejection of non-glial neoplasms looking like PXA. Be that as it may, GFAP articulation in PXA might be weak or central, albeit complete absence of GFAP has not been portrayed. [7] Typically, exemplary PXAs are second rate astrocytomas as they are less forceful than cytologic highlights would recommend. A few announced investigations demonstrated that mitotic file, corruption, and Ki-67/MIB-1 file are significant result indicators. Pleomorphic xanthoastrocytoma with anaplastic highlights can show change in to glioblastoma.

Some PXAs are joined by anaplastic highlights and are hard to oversee in view of successive repeats that lead to early demise. Ordinary chemotherapy and radiotherapy are not corrective for PXA with

anaplastic highlights. Furthermore, simultaneous multicentric PXA presents special difficulties in that gross all out resection would force huge careful grimness; histological homogeneity among the sores cannot be affirmed. Koga et al. [10] have detailed an instance of PXA with anaplastic highlights in which they controlled spread tumor knobs in the cerebrum and the spinal line for a generally significant stretch by rehashed stereotactic light. The ideal treatment for patients with this uncommon and testing analysis anticipates further examination.

PXA is another tumor classification that was first detailed by Kepes et al. This tumor is an uncommon tumor representing less than 1% astrocytic tumours. PXA is currently viewed as an astrocytic tumor of subpial source taking into account GFAP positive obsessive findings. Patients are typically under 30 years old, the tumors are found prevalently in the fleeting and parietal projections, they have cystic appearance and they are oftentimes cursorily found. Epileptic seizures are common beginning indications. The underlying clinical, radiological and histological highlights of the current tumor were those of PXA. Histologically PXA seems dangerous as a result of checked pleomorphism, yet it is indeed a WHO grade II tumor with an ideal guess. Nonetheless, in 1983, Weldon-Linne et al first detailed a patient with intermittent PXA who at that point created dangerous change. From that time, patients with intermittent PXA have been accounted for to show threatening transformation. In 1997, Tonn et al detailed two sort of anaplastic PXA, essential, in which harmful inclinations are available from the first and auxiliary anaplastic PXA in which rehashed repeat brings about dangerous transformation. Because in about our case the entireties of the careful resections were imperfect we were unable to decide if this tumor was actually essential or optional sort. Nonetheless, a quick repeat proposes that likely it is an essential kind or it has a multicentric design. Early PXA writing with a short subsequent cited a 6–9% pace of harmful change of commonplace PXA cases. PXA with anaplastic highlights from the outset introduction are more outstanding sores. Histologic highlights of the harmful PXA, notwithstanding the including related with customary PXA, are mitosis, central corruption and endothelial proliferation. Our case is as per these perceptions. Studies have revealed that PXA can display a coordinated multicentric pattern or bring about numerous recurrences. Multifocal event of PXA showing at various times period is very phenomenal however has been reported.

On account of the uncommonness of PXA with anaplastic features the standard postoperative radiotherapy or chemotherapy for PXA with anaplastic highlights has not been authoritatively settled. A few investigations indicated a medical procedure is the main helpful approach, if anaplastic PXA is affirmed; the dynamic adjuvant of radio and chemotherapy might be valuable. One case has been accounted for in which the utilization of neoadjuvant vincristin and carboplatin was viable for controlling seeping during a medical procedure, probably due to devascularisation. The current patient went through three activities to eliminate mind tumor. In every activity, halfway resection was performed. In spite of the fact that when she alluded for radiation treatment she had 14 years of age, yet she had 168 cm tallness and

64 kg weight that is, for example, a grown-up female in our country, subsequently we chose to get her agreeing physiological age. We chose to utilize simultaneous temozolamide with radiation treatment, for example, different kinds of anaplastic astrocytoma in grown-ups, like the way that Tsutsumi et al utilized in a 16-year-old female, yet her folks demanded not to utilize chemotherapy specialists except if radiation treatment couldn't be viable. At the point when we rehashed the MRI and they saw the outcomes at long last they concurred with chemotherapy however underscored the utilization of medication without alopecia result. In past examinations some of chemotherapeutic regimens were utilized for certain levels of adequacy, for example, vincristine and carboplatin vicristine and cyclophosphamide, cisplatin, etoposide, ACNU and temozolomide. Finally we began temozolomide, for example, Koga et al did so. Unfortunately, after two courses another sore showed up without huge change in the size of past sore, hence the medication was stopped. Giannini et al indicated that PXA has a 70% 10-years endurance time, and mitotic file and extension of resection give off an impression of being the fundamental indicator variables of repeat and endurance rate. Albeit the forecast was generally ideal, 15–20% of their patients experienced deadly repeat or harmful change. All in all, the clinical course of the patient with PXA isn't generally ideal. A nearby follow-up is required to distinguish any repeat with threatening change. Within the sight of threatening change neighborhood disappointment is the standard, yet cerebrospinal liquid borne so read is rarity. The uncommonness of anaplastic PXA requests neuropathologic experience to locate the right analysis, since confusion as different malignancies, for example, GBM may cause hurtful restoratively choice.

Note: This work is partly presented at International Conference on Pathology (August 27-29, 2012 | DoubleTree by Hilton Philadelphia Center City, USA)