Diagnostic Slide Session 2015 Case 2015-1

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Disclosures

none









Clinical history

- 54 year-old right handed woman with right parietooccipital enhancing lesion
- Glioblastoma at initial resection:
 - IDH1-wild-type, EGFR amplified, Met nonamplified, MGMT methylated, mutations in PTEN and TP53
- Re-presents 1 month after resection
 - Worsening cognition, headache, nausea, vomiting, gait difficulties



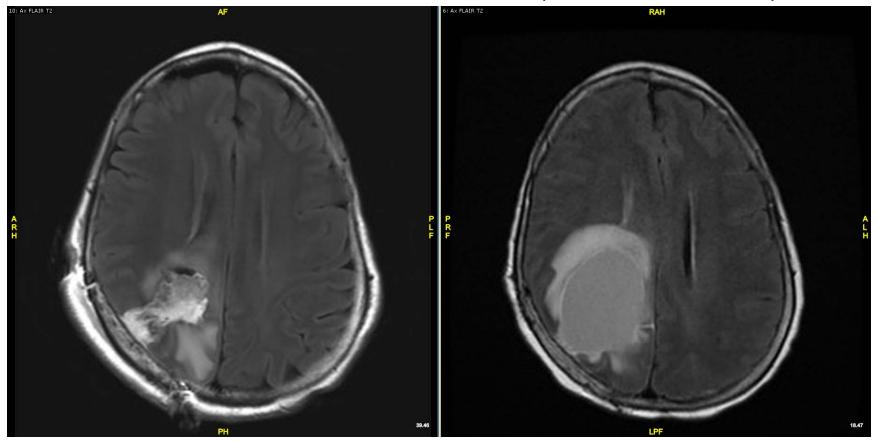




Increasing mass effect and enhancement

Immediate post-resection

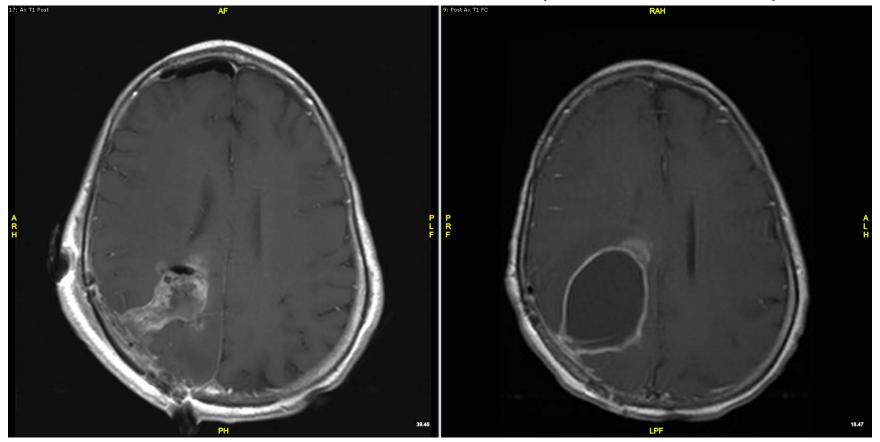
One month following resection (Prior to additional treatment)



Increasing mass effect and enhancement

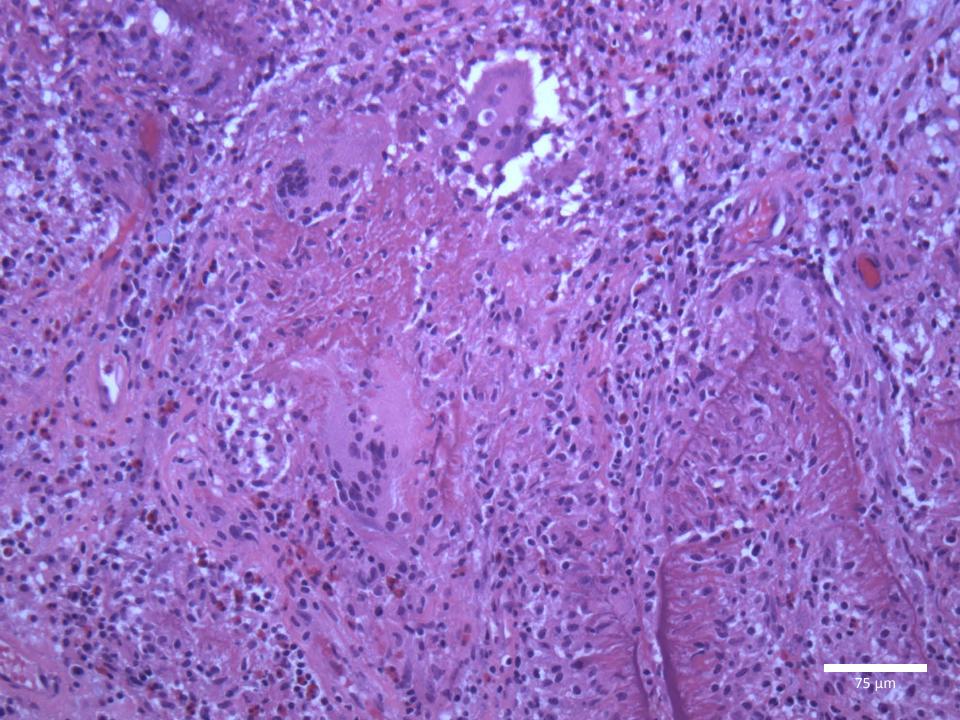
Immediate post-resection

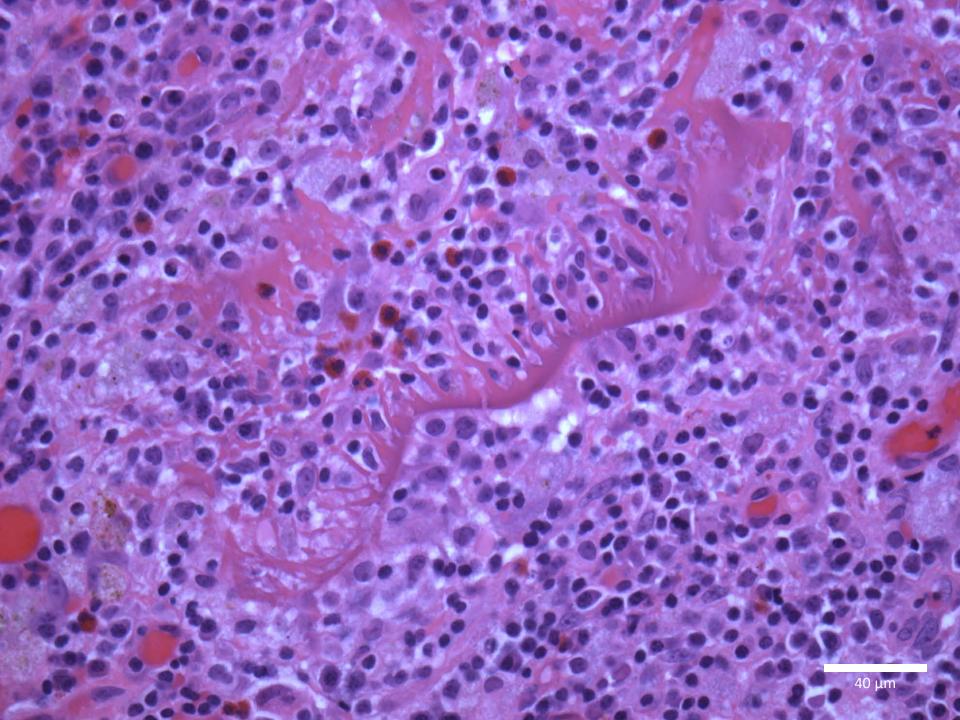
One month following resection (Prior to additional treatment)

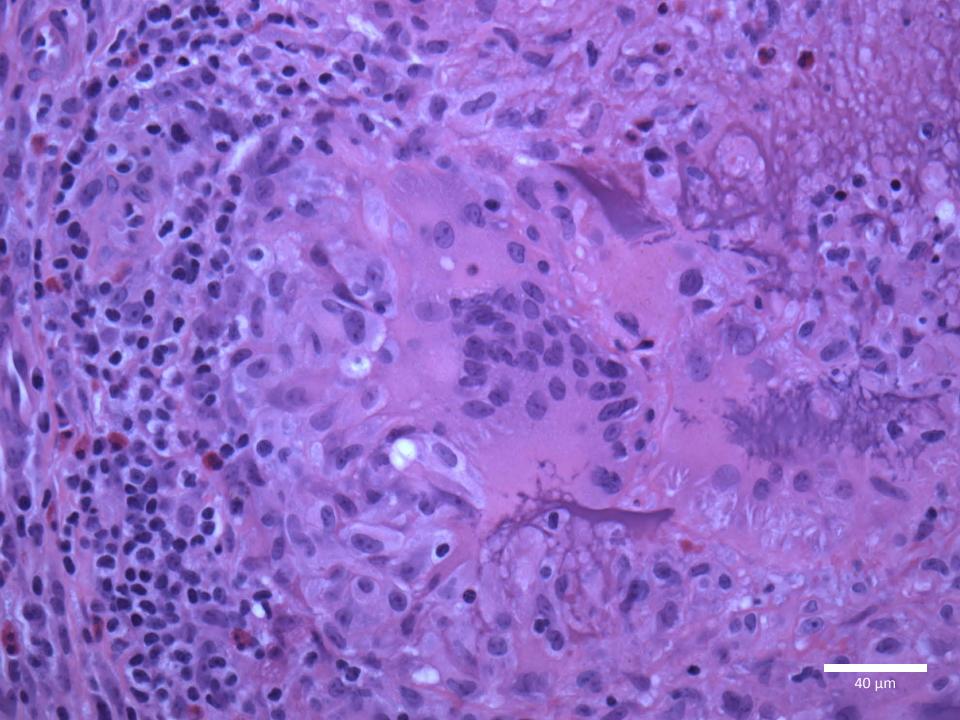


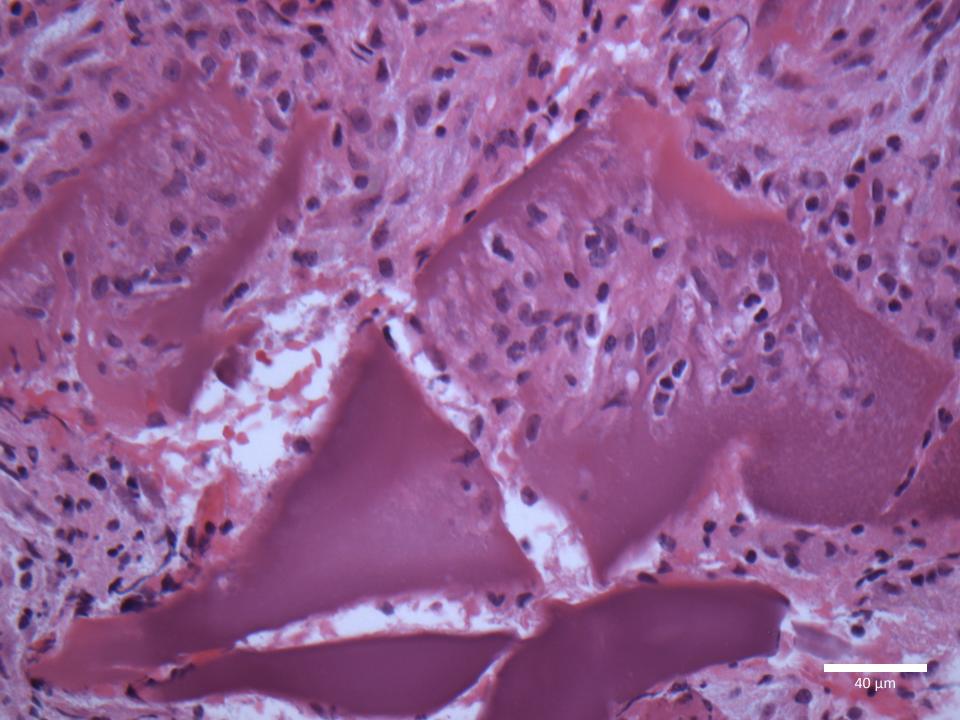
T1 Post Contrast

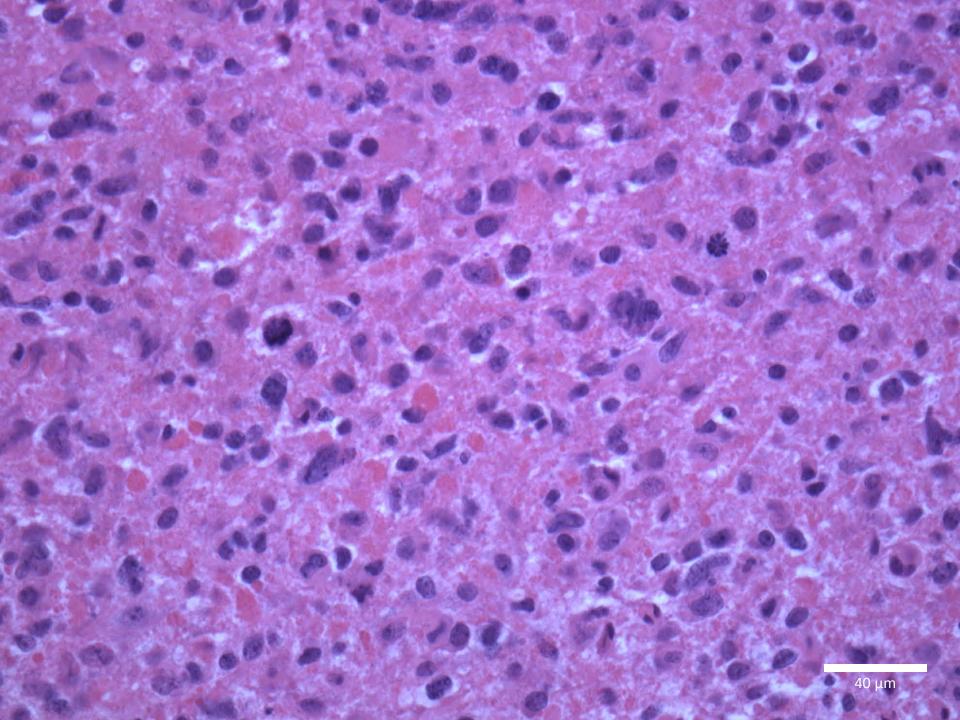
Nodular enhancement concerning for rapid recurrence → Re-resection



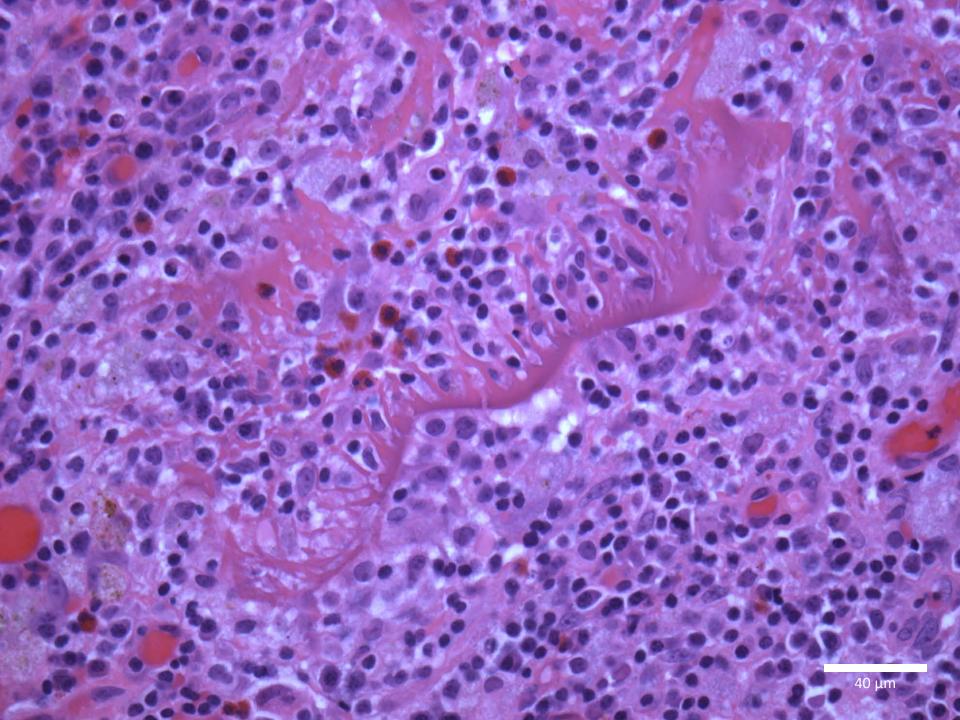


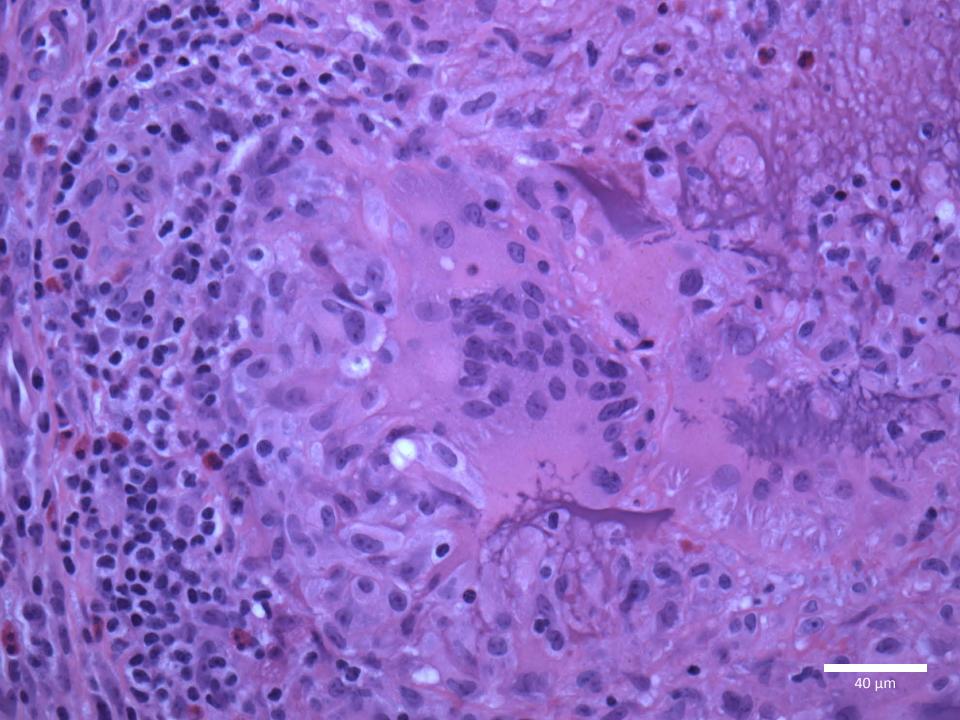


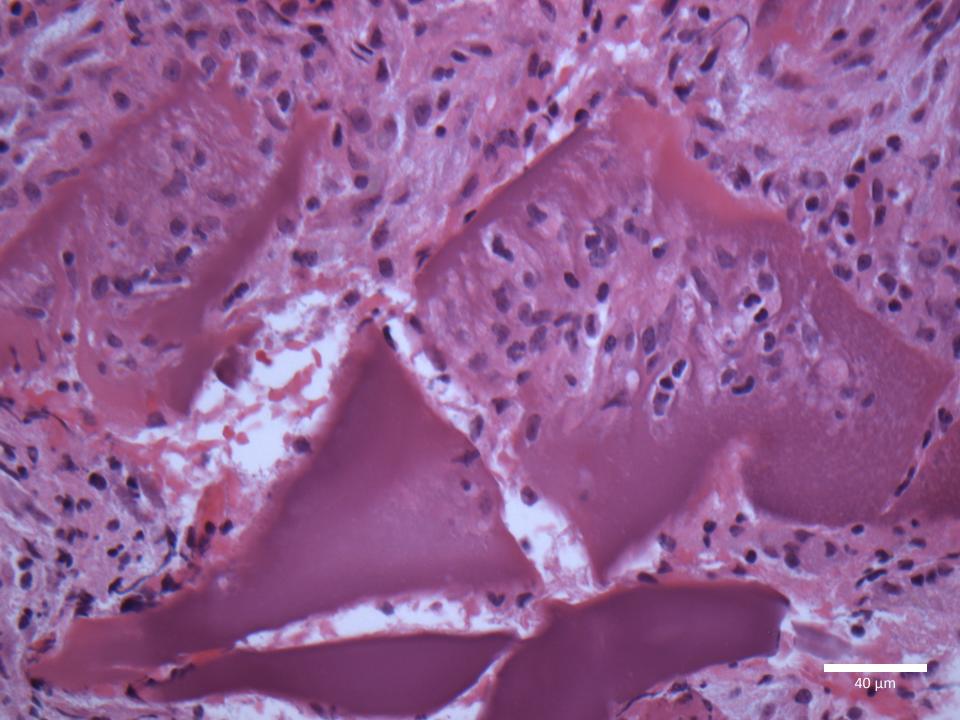


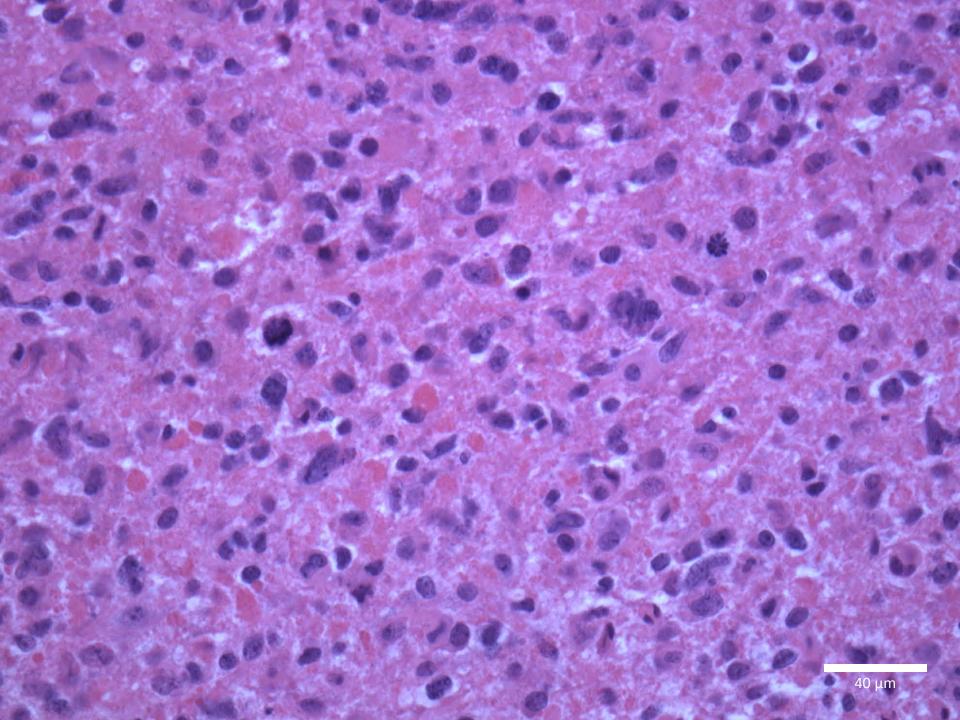


Audience Discussion









Other studies

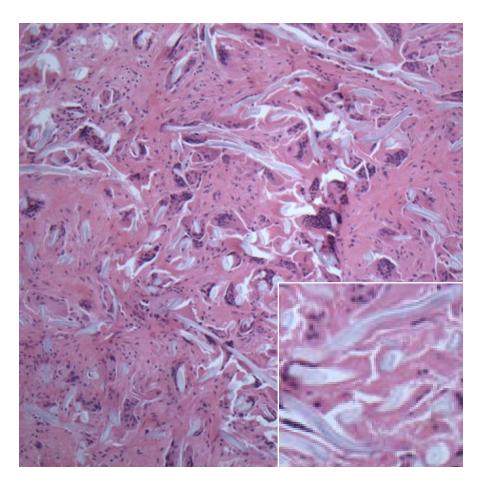
- GMS, AFB, PAS negative for organisms
- Amorphous non-polarizable material

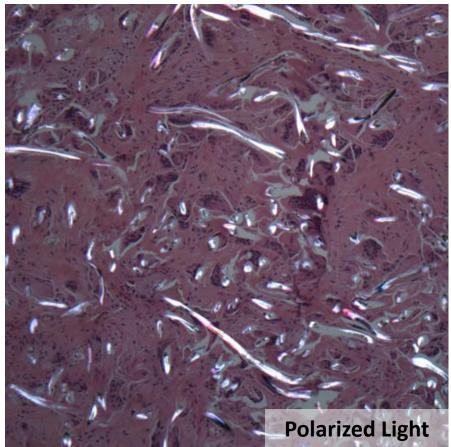






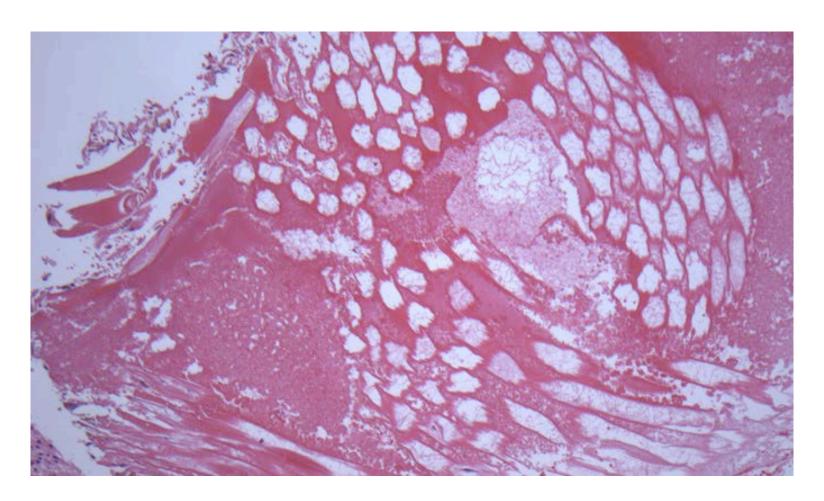
Hemostatic materials causing foreign body giant cell reaction: <u>Cotton</u>





- Hollow fibers
- Gossypiboma/Textiloma

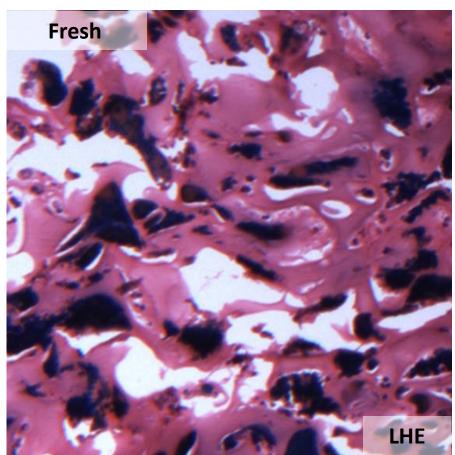
Hemostatic materials causing foreign body giant cell reaction: <u>Cellulose (Surgicel)</u>



- Mesh-like appearance with ghost fibers
- Non-polarizable

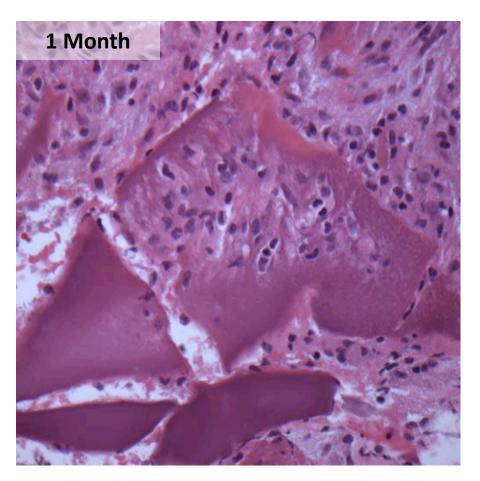
Hemostatic materials causing foreign body giant cell reaction: <u>Gelatin (Gelfoam)</u>

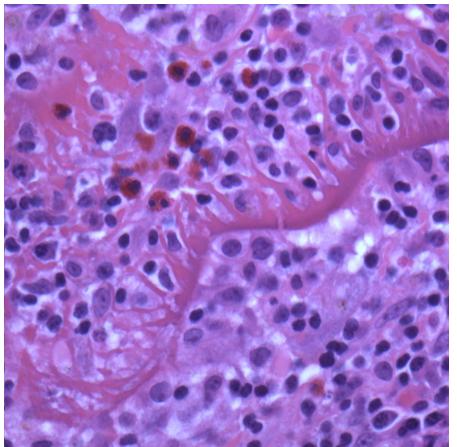




- Non-polarizable
- Amorphous on EM (compared to collagen-derived agents)

Hemostatic materials causing foreign body giant cell reaction: <u>Gelatin (Gelfoam)</u>





- Non-polarizable
- Amorphous on EM (compared to collagen-derived agents)

Final diagnosis

•Tumefactive granulomatous reaction to foreign material (Gelfoam)

Residual glioblastoma







Conclusions

 Commonly used hemostatic agents are capable of causing foreign body giant cell reactions

 Reaction to foreign material is in the differential diagnosis of a rapidly recurring intraparenchymal tumor







References

- 1. Ribalta T, McCutcheon IE, Neto AG, Gupta D, Kumar AJ, Biddle DA, Langford LA, Bruner JM, Leeds NE, Fuller GN. Textiloma (gossypiboma) mimicking recurrent intracranial tumor. Arch Pathol Lab Med. 2004 Jul;128(7):749-758.
- 2. Kothbauer KF, Jallo GI, Siffert J, Jimenez E, Allen JC, Epstein FJ. Foreign body reaction to hemostatic materials mimicking recurrent brain tumor. Report of three cases. J Neurosurg. 2001 Sep; 95(3):503-506.





