

## Reunión regional de la SEAP- Madrid

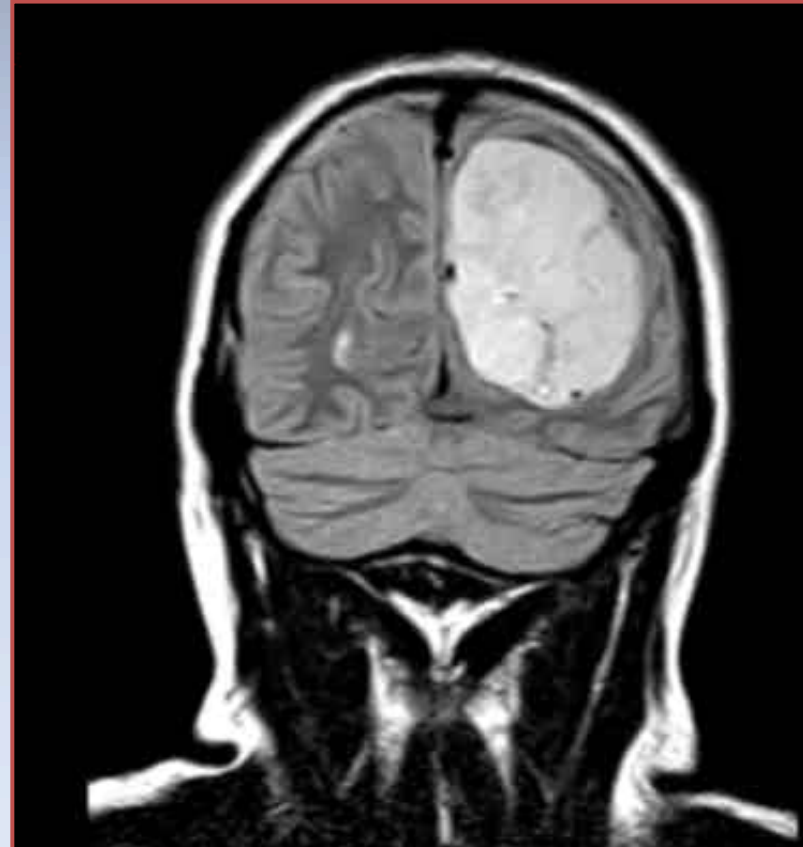
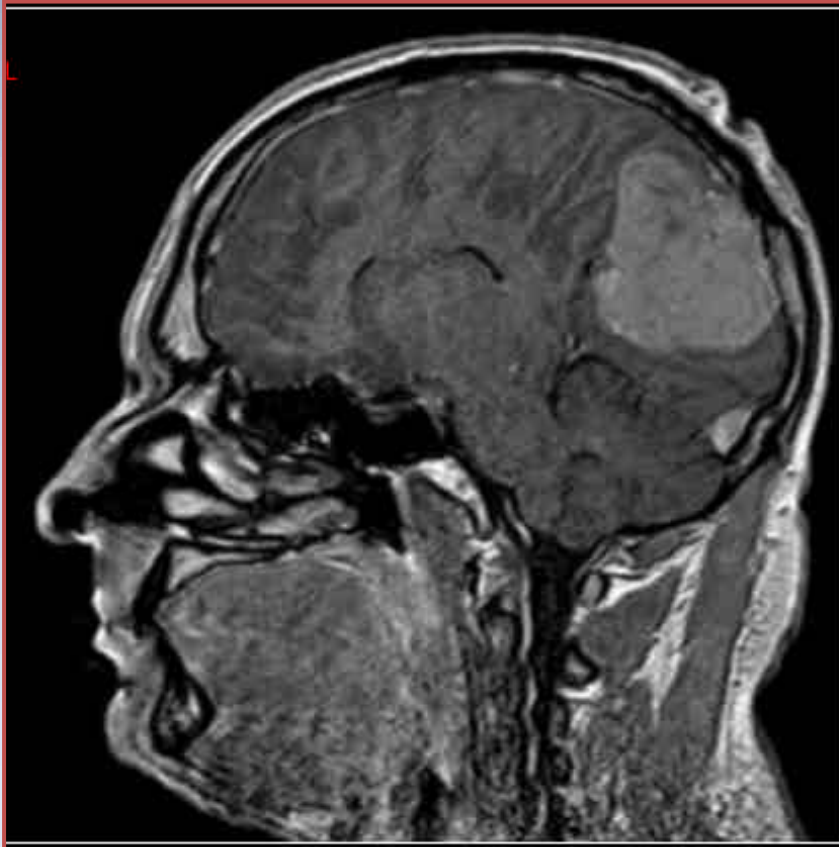
24 de Octubre 2008



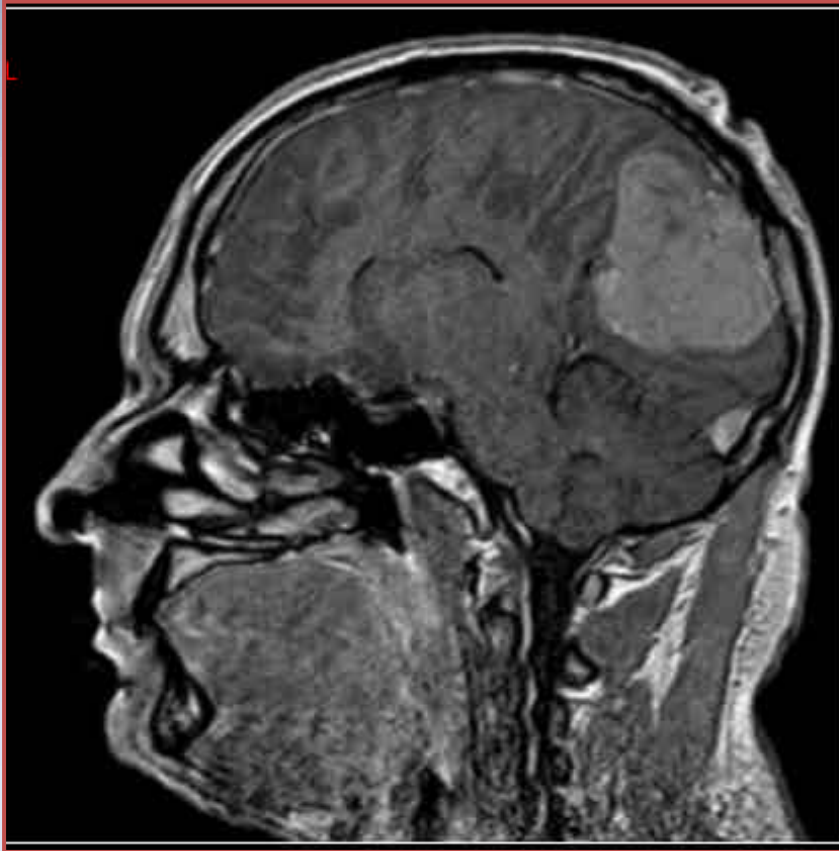
Fundación Jiménez Díaz

Raquel Mullor, José Luis Díaz, Sharon Córdova, José Luis Sarasa.

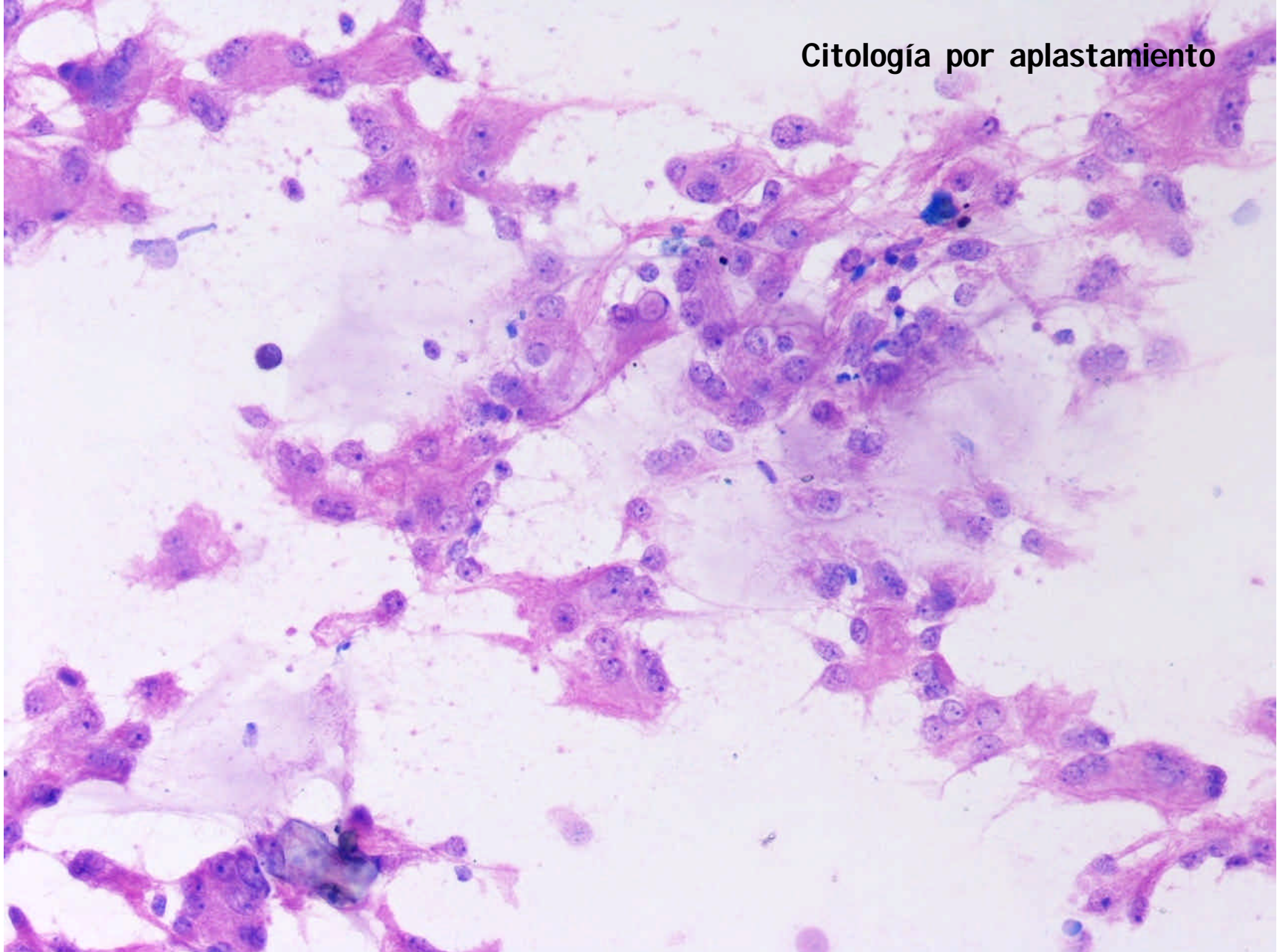
- Varón 35 años. No antecedentes personales de interés.
- Diplopía ocasional desde hace 20 días.
- Dolor de cabeza en los últimos meses.

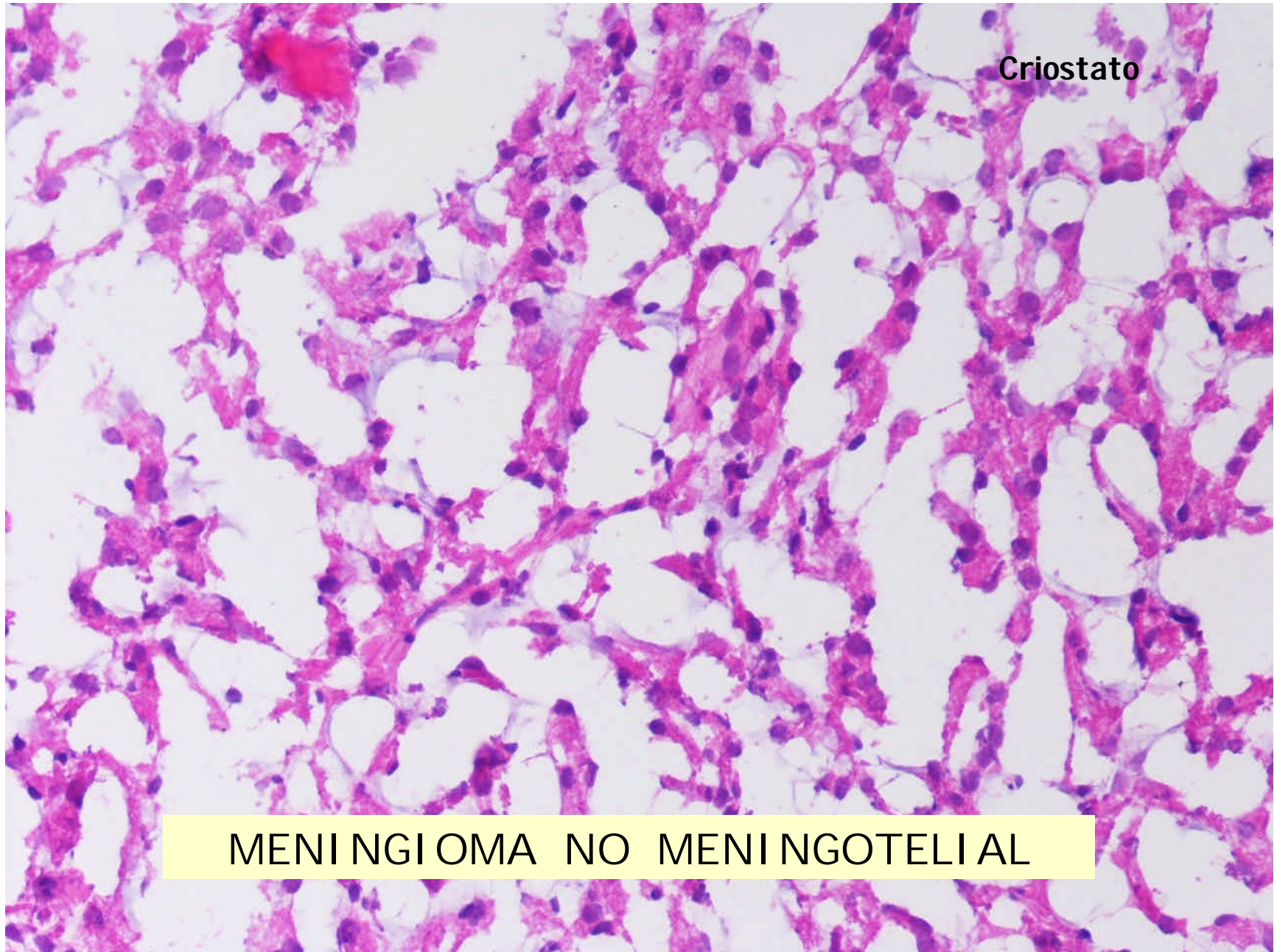


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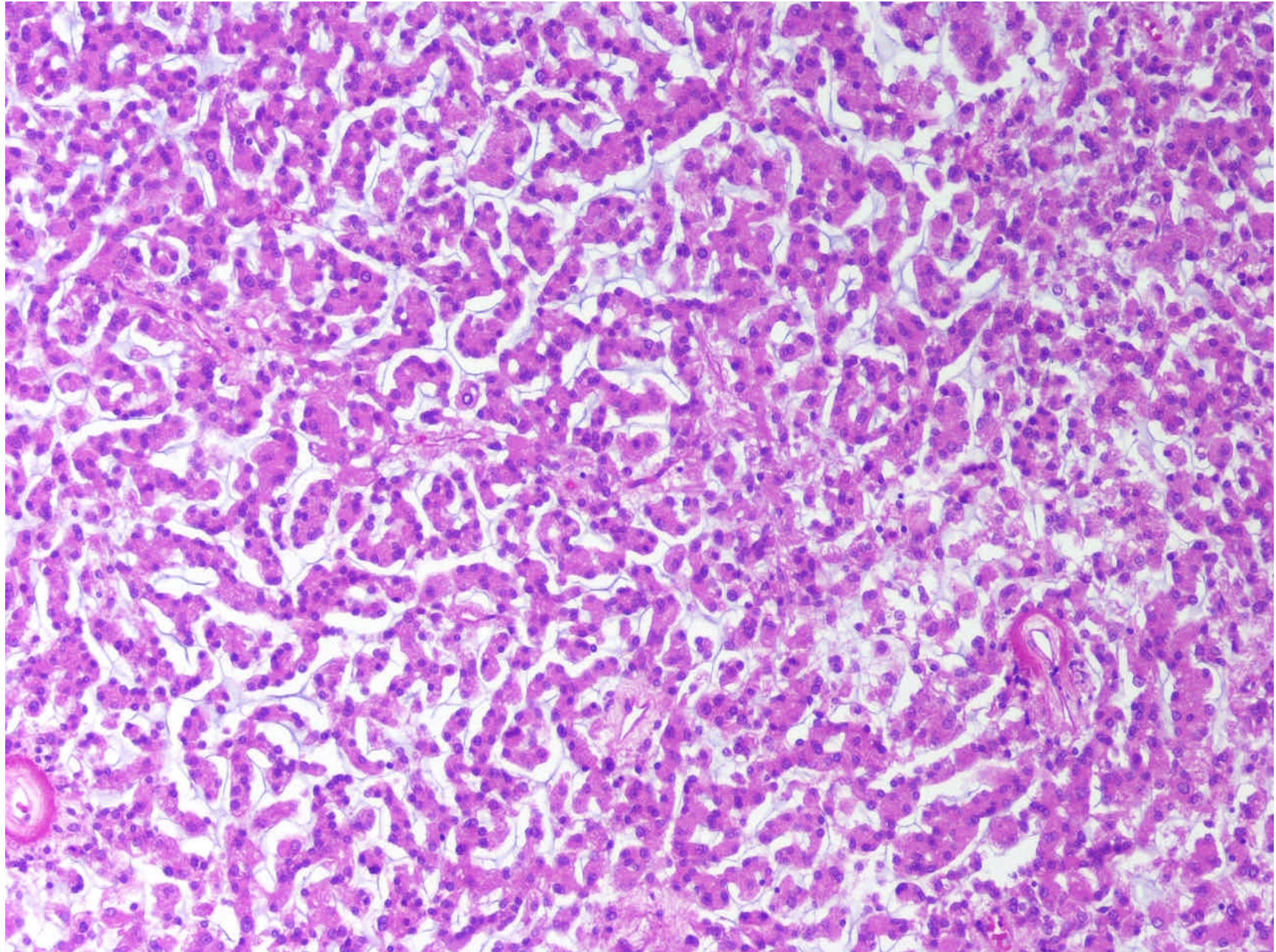
Citología por aplastamiento

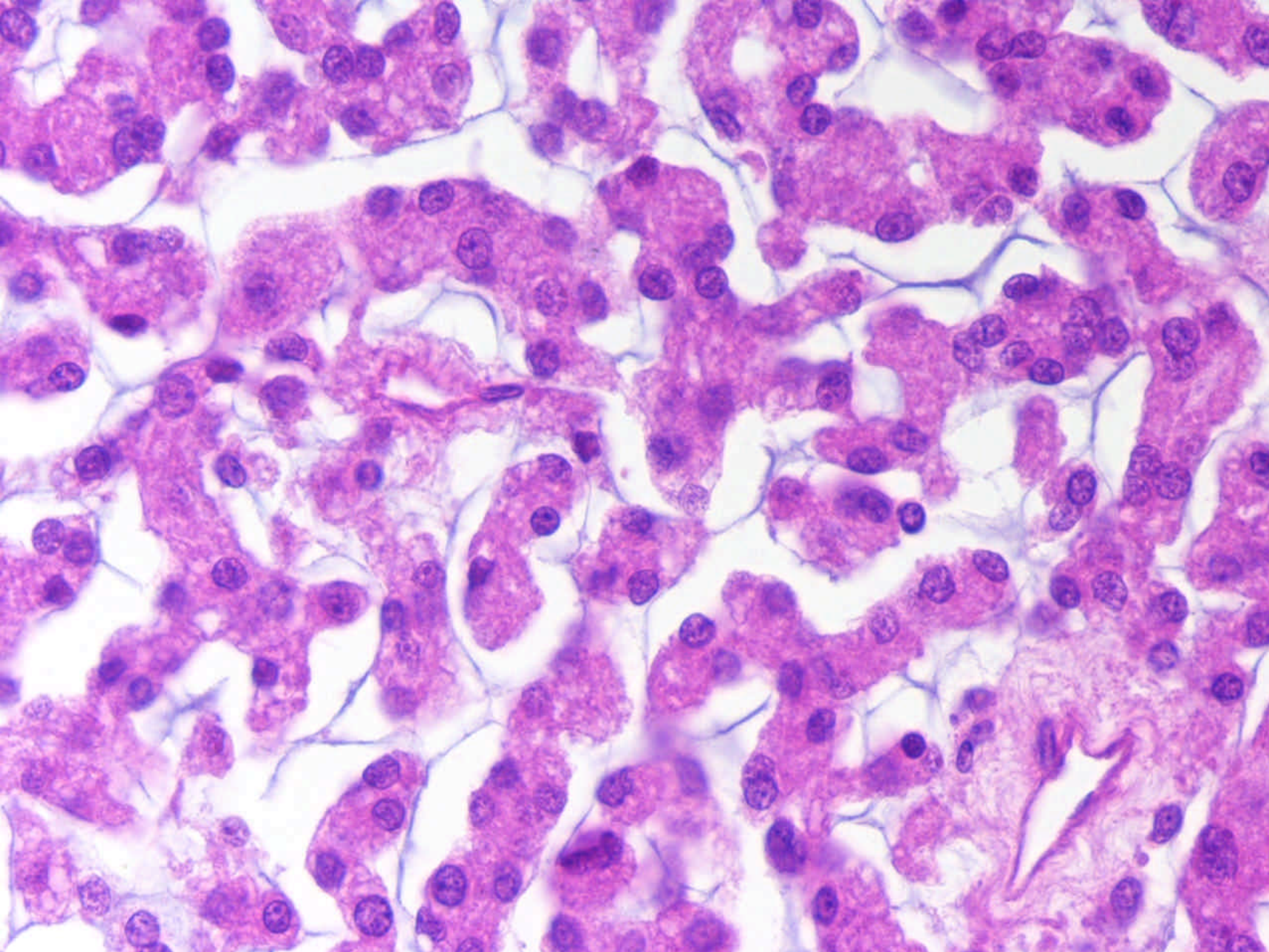


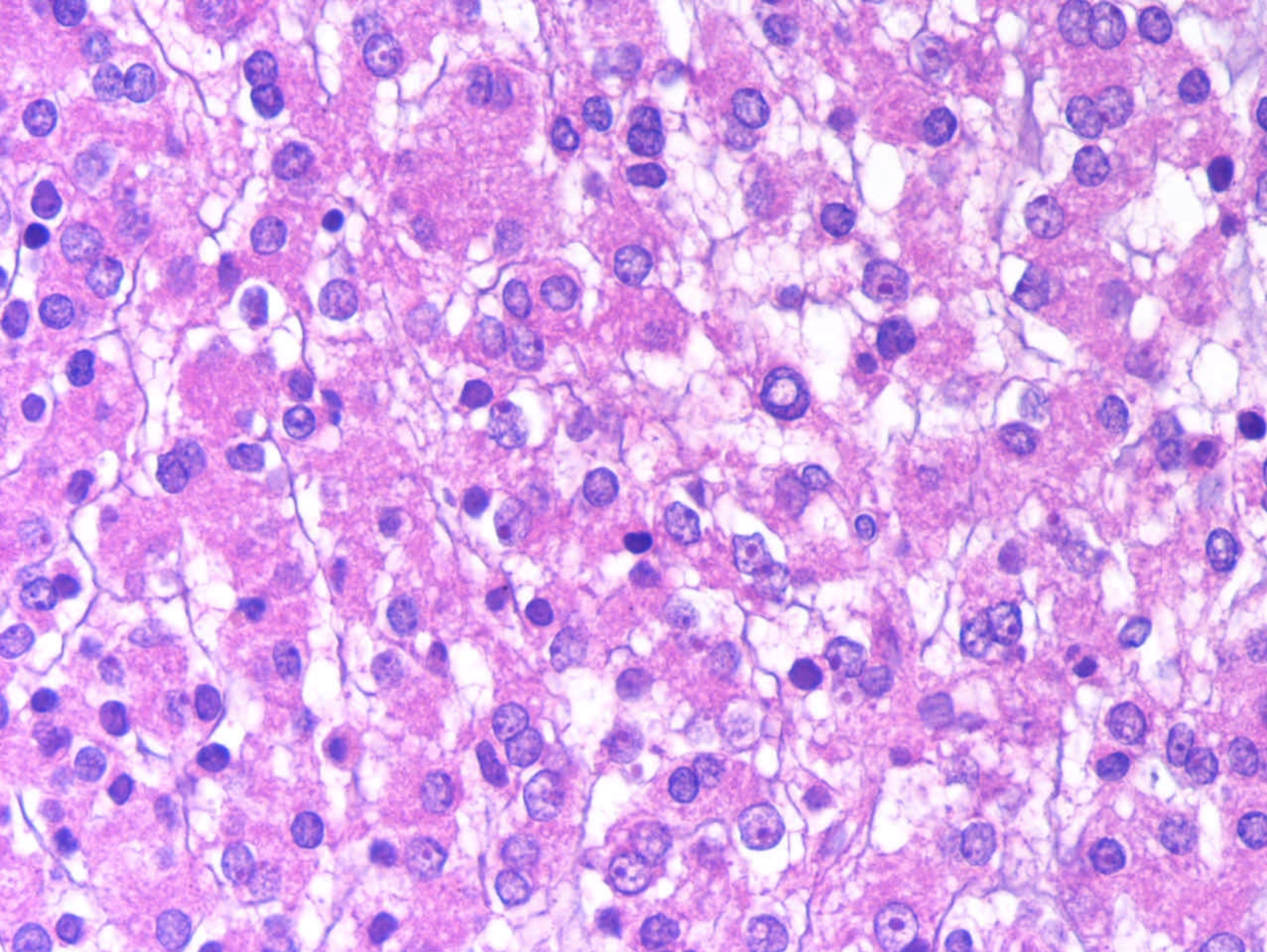


Criostato

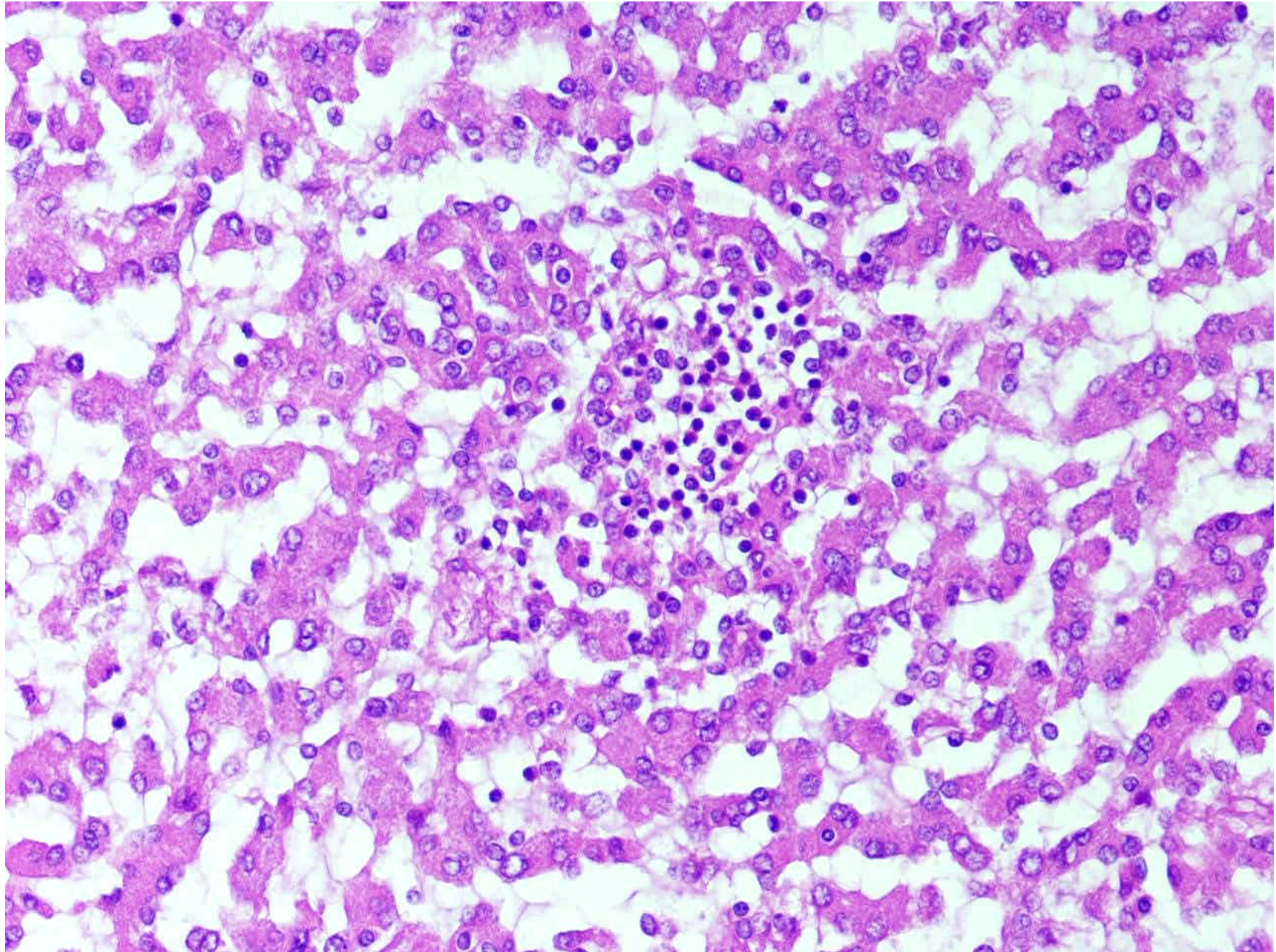
MENINGIOMA NO MENINGOTELIAL

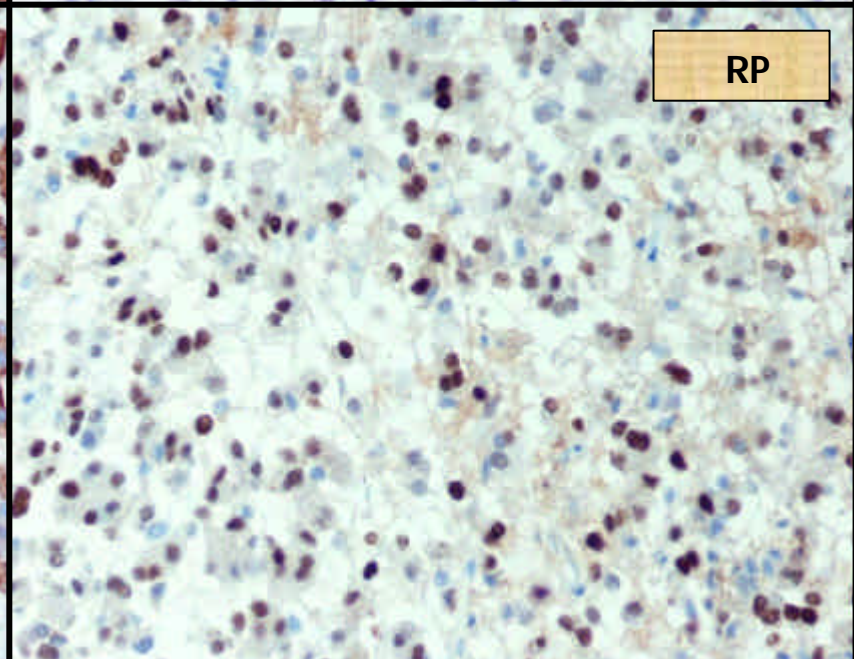
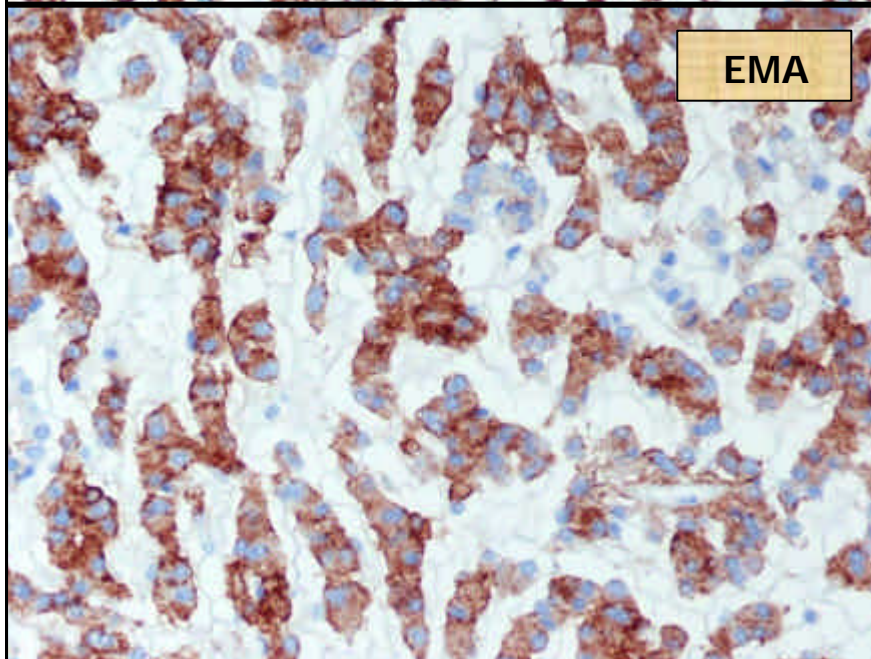
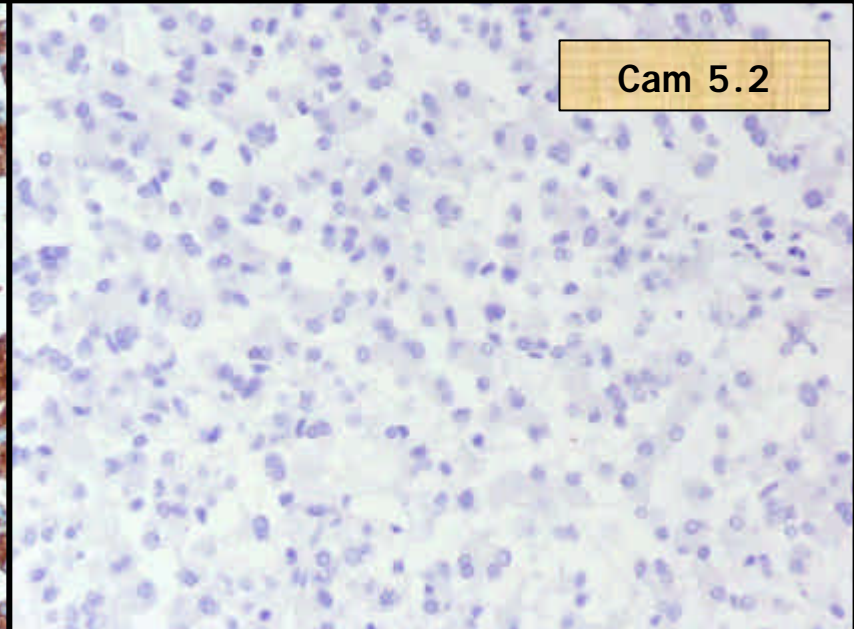
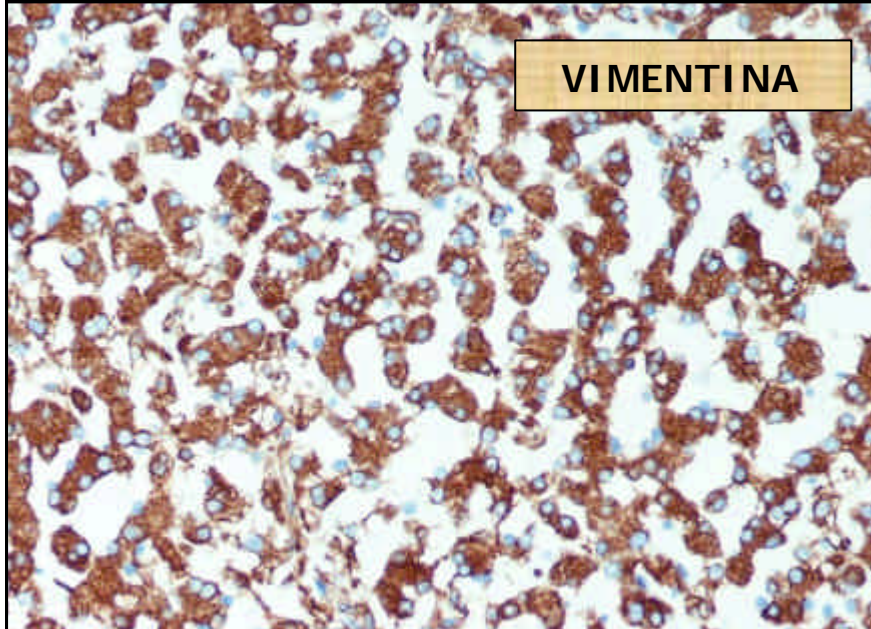




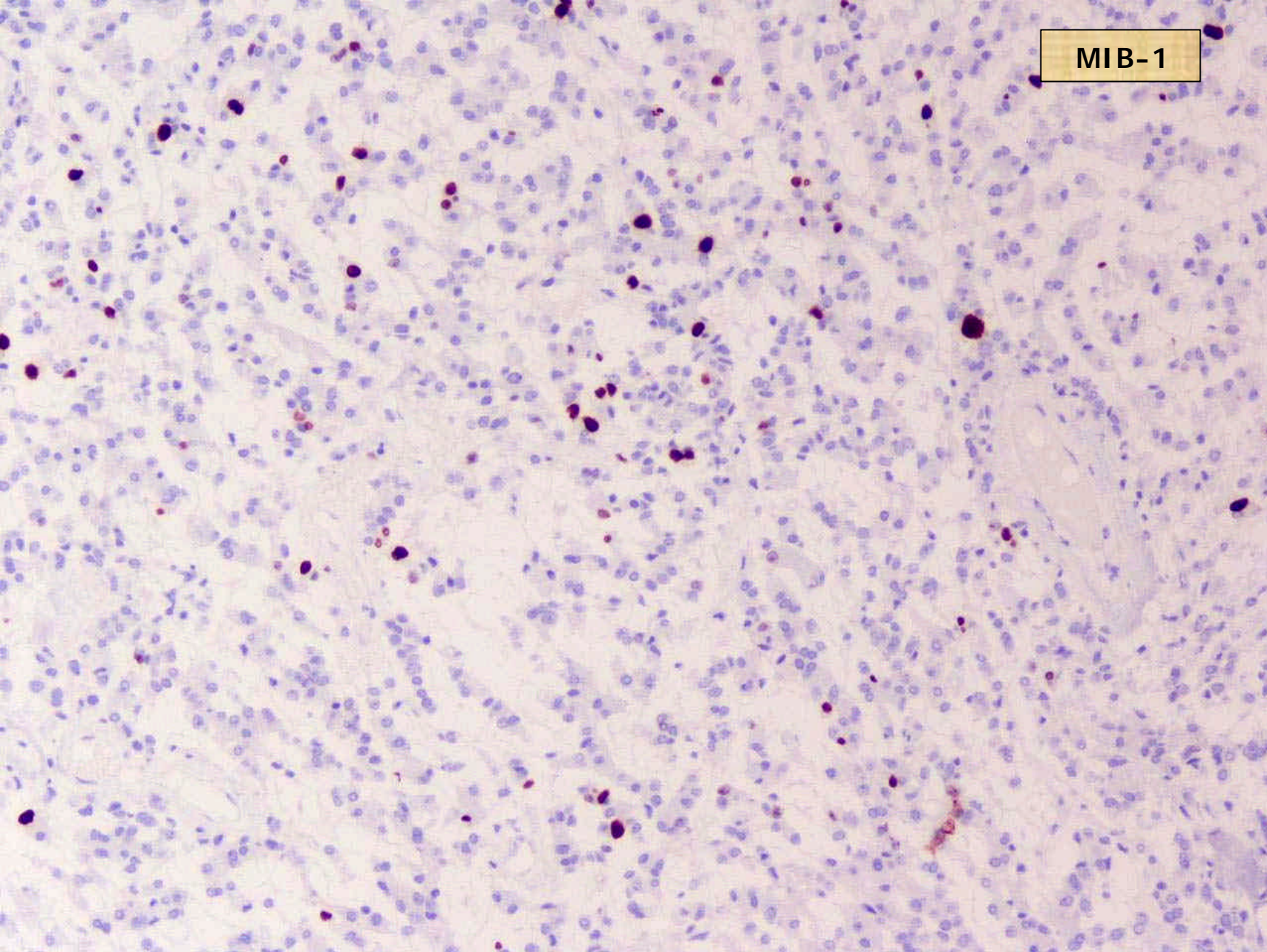


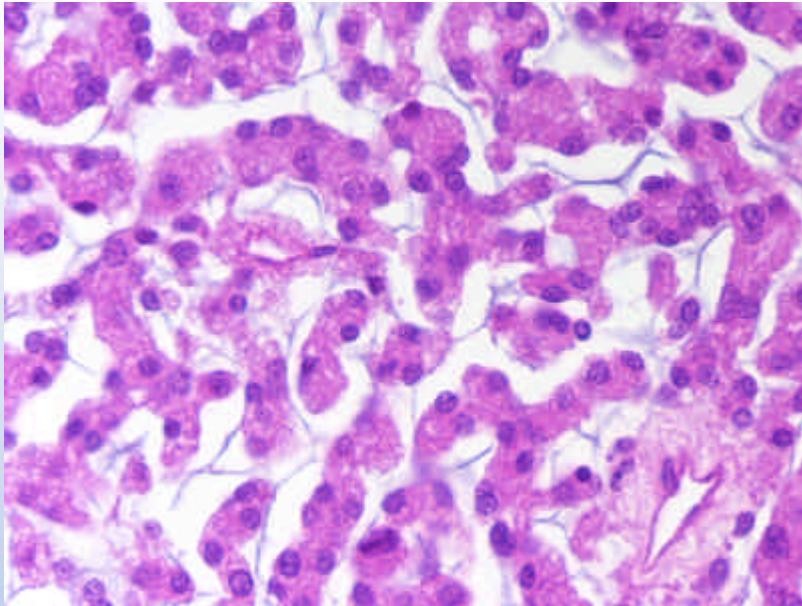






MIB-1





# Meningioma

## Cordoide

- Células epitelioides y fusiformes.
- Cordones y trabéculas de células eosinófilas, con frecuencia vacuoladas.
- Matriz mixoide abundante.
- Infiltrado inflamatorio crónico.

\* World Health Organization Classification of Tumors of the Central Nervous System.2000.

Meningiomas grouped by likelihood of recurrence and grade:

### Meningiomas with low risk of recurrence and aggressive growth:

Meningothelial meningioma	WHO grade I
Fibrous (fibroblastic) meningioma	WHO grade I
Transitional (mixed) meningioma	WHO grade I
Psammomatous meningioma	WHO grade I
Angiomatous meningioma	WHO grade I
Microcystic meningioma	WHO grade I
Secretory meningioma	WHO grade I
Lymphoplasmacyte-rich meningioma	WHO grade I
Metaplastic meningioma	WHO grade I

### Meningiomas with greater likelihood of recurrence and/or aggressive behaviour:

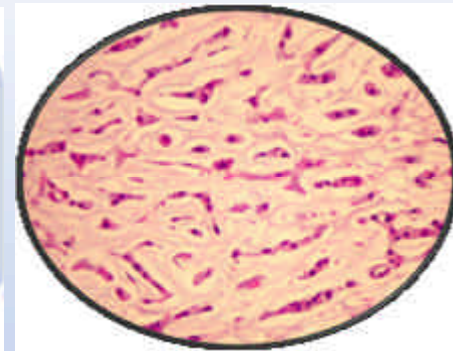
Atypical meningioma	WHO grade II
Clear cell meningioma (intracranial)	WHO grade II
<u>Chordoid meningioma</u>	<u>WHO grade II</u>
Rhabdoid meningioma	WHO grade III
Papillary meningioma	WHO grade III
Anaplastic (malignant) meningioma	WHO grade III

Meningiomas of any subtype or grade with high proliferation index and/or brain invasion

# Dx diferencial

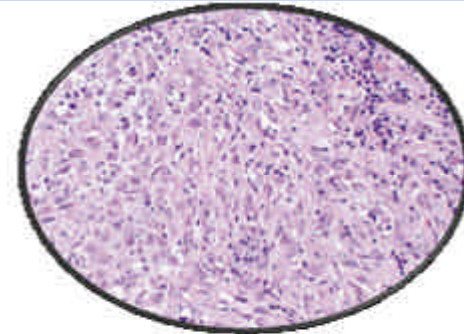
## Cordoma

- Epitelial (restos notocordales)
- CQ+++



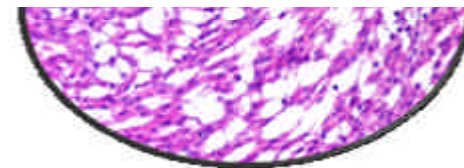
## Glioma cordoide del tercer ventrículo

- Glial
- GFAP+
- Infiltrado linfoplasmocitario



## Metástasis cerebral de carcinoma mucinoso

- CQ +



	Kepes et al.	Couce et al.	Epari et al.
Número de casos	<div style="border: 1px solid black; background-color: yellow; padding: 5px; text-align: center;">           Estimulante químico o antigénico presente en meningiomas cordoides (no en formas más convencionales de meningioma)         </div>		12
Edad media			32,4
Niños (≤18 años)	<div style="border: 1px solid black; background-color: yellow; padding: 5px; text-align: center;">           Respuesta linfoplasmocitaria         </div>		3 (25%)
Manifestaciones sistémicas			NO
Infiltrado linfoplasmocítico	<div style="border: 1px solid black; background-color: yellow; padding: 5px; text-align: center;">           Manifestaciones sistémicas, especialmente en niños y adolescentes         </div>		100%
Naturaleza del infiltrado			B >> T
Recurrencias	28,6% (2/7)	42% (14/33)	NO *

\*Kepes JJ, Chen WY, Connors MH, Vogel FS. Chordoid meningeal tumors in young individuals with peritumoral lymphoplasmacellular infiltrates causing systemic manifestations of the Castleman syndrome. A report of seven cases. *Cancer* 1988; 62: 391-406.

\*Couce ME, Aker FV, Scheithauer BW. Chordoid meningioma: A clinico-pathologic study of 42 cases. *Am J SurgPathol* 2000; 24: 899-905.

\*Epari S, Sharma MC, Sarkar C, Garg A, Gupta A, Mehta VS. Chordoid meningioma, an uncommon variant of meningioma: a clinicopathologic study of 12 cases. *J Neurooncol.* 2006; 78(3):263-269

# Meningioma Cordoide. Conclusión:

- ? Tumor adultos, sin manifestaciones sistémicas asociadas.
- ? 0,5-1% meningiomas. Grado II WHO.
- ? Células epitelioides y fusiformes, de citoplasma eosinófilo parcialmente vacuolado.
- Cordones, trabéculas. Matriz mixoide débilmente basófila.
- Infiltrado linfoplasmocitario presente en la mayoría de casos.
- Vimentina +, EMA+, GFAP-. MIB-1 5% aprox.
- Alta recurrencia cuando resección subtotal.