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**1:** [Clin Neuropathol](#). 2005 Nov-Dec;24(6):247-51.

**Subcutaneous tumoral seeding from a glioblastoma following stereotactic biopsy: case report and review of the literature.**

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Extracranial metastases from glioblastoma are uncommon, likely because short patient survival time prevent them to occur. Most of the few previously reported cases occurred after invasive surgical procedures. We describe a case of glioblastoma with concomitant seeding along the stereotactic biopsy trajectory and subcutaneous metastasis. A 60-year-old woman presented with severe headache. Neuroradiological work-up (including cranial computed tomographic scan and magnetic resonance imaging) showed a heterogeneous hyperdensity, suggestive of malignant glioma, in the left parietal region. A computed tomographic-guided stereotactic biopsy was performed and microscopic examination attested a diagnosis of glioblastoma. Radiotherapy and chemotherapy were administered. Eight months later, the patient presented with a subcutaneous tumor in the left occipital region. A cranial computed tomographic scan revealed a large enhancement of the initial tumor, intracranial tumor seeding along the stereotactic biopsy trajectory, and a subcutaneous tumor. Partial resection of the subcutaneous lesion was performed, and histological examination identified an extracranial metastasis from the glioblastoma. Although uncommon, this observation points to the risk of tumor seeding following stereotactic biopsy, and to the close connection between this intracranial seeding and subcutaneous metastasis.

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