Long-term survival enhanced by cordectomy in a patient with a spinal glioblastoma multiforme and paraplegia
Case report

Edward M. Marchan, M.D., Raymond F. Sekula Jr., M.D., Peter J. Jannetta, M.D., and Matthew R. Quigley, M.D.

1Department of Neurosurgery, Jefferson Hospital for Neuroscience, Thomas Jefferson University, Philadelphia; 2Department of Neurosurgery, Allegheny Neuroscience Institute, Allegheny General Hospital, Pittsburgh, Pennsylvania

Abbreviations used in this paper: GBM = glioblastoma multiforme; MR = magnetic resonance.

Address correspondence to: Edward M. Marchan, M.D., Department of Neurosurgery, Thomas Jefferson University, 909 Walnut Street, 3rd Floor, Philadelphia, Pennsylvania 19107. email: edmarchan@gmail.com.

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✓Spinal glioblastomas multiforme (GBMs) are rare lesions of the central nervous system with a prognosis as poor as that of their intracranial counterpart. The authors present a case of a 50-year-old man with a GBM of the spinal cord treated with surgical removal of the mass and cordectomy after the onset of paraplegia. Six years later, the patient developed hepatitis C and received interferon therapy. Six months after the start of interferon therapy, magnetic resonance imaging revealed a right cerebellar mass pathologically consistent with a GBM. Despite aggressive treatment, the patient died 1 month later. Although intracranial dissemination of spinal GBMs has been reported, this case illustrates the longest reported interval between the occurrence of a spinal GBM and its intracranial dissemination. Thus, cordectomy should be considered as a reasonable alternative in patients with complete loss of neurological function at and below the level where they harbor a malignant spinal cord astrocytoma.

KEYWORDS: cordectomy; glioblastoma; intramedullary tumor; survival.