A 7-year-old girl was admitted to our clinic with headache, vomiting, and gait disturbances. An MRI scan on admission showed a solid tumor with a 2.5-cm axial diameter located in cerebellar vermis. The tumor was removed totally. Histologic examination revealed loose menenchymal structures of the tumor and small muscle strands and isolated cells having large eosinophilic cytoplasm with striations. The muscular strands also demonstrated striations under light microscope. Glial fibrillary acidic protein, synaptophysin, and myogenin positivity are observed.
Conclusion

There are some strong evidences that the medullomyoblastoma may be a teratoma. Survival time with the tumor is very short, outcome is poor, and the tumor can spread along cerebrospinal fluid pathways. Total resection, chemotherapy, and craniospinal irradiation are mainstays of the treatment of medullomyoblastomas.

**Keywords:** Cerebellar tumor; Medulloblastoma; Medullomyoblastoma; Pediatric brain tumor; Rhabdomyosarcoma; Teratoma

**Abbreviations:** AEC, 3-amino-9-ethyl carbazole CSF; CT, computed tomography; GFAP, glial fibrillary acidic protein; HE, hematoxyline and eosin; IV, intravenous; MMB, medullomyoblastoma; MRI, magnetic resonance imaging; T1-W, T1-weighted image; T2-W, T2-weighted image

Article Outline

1. Introduction
2. Case report
3. Discussion
4. Conclusion

References