Letter to the Editor

Anaplastic Papillary Glioneuronal Tumor With Extraneural Metastases

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Anaplastic papillary glioneuronal tumor (PNT) is a rare, slow-growing tumor that is most commonly found in the frontal lobe of young adults. It has been designated as a World Health Organization (WHO) grade 1 lesion because it usually shows low Ki-67 labeling indices and no vascular proliferation. However, it can be associated with extraneural metastases, even in the absence of an atypical histologic appearance. A 32-year-old woman presented with a 5-cm left parietotemporal contrast-enhancing lesion (Fig. 1A). The gross total resection specimen showed typical PNT histology, including a lobulated tumor with a solid and a whorled pattern, which are characteristic features of this tumor type. The patient was treated with postoperative radiation therapy (54 Gy) and chemotherapy with temozolomide (TMZ) for 4 weeks. She has remained disease-free for 13 months (Fig. 1B).

The tumor exhibited progressive clinical and radiographic findings, which prompted the question of whether the patient had a recurrence of the PNT. For this reason, the patient underwent further imaging studies, including magnetic resonance imaging (MRI) and computed tomography (CT) scans of the brain and chest. These showed no evidence of recurrent disease or new lesions. The patient was subsequently referred for additional evaluation, including a positron emission tomography (PET) scan of the brain and chest. This revealed no evidence of active disease or new lesions. The patient was then monitored closely for any signs of recurrence, and the follow-up imaging studies showed no evidence of disease progression.

The authors concluded that the patient's clinical course and imaging findings were consistent with a recurring PNT. However, they noted that the patient had no symptoms or radiographic evidence of disease progression. Therefore, the authors recommended close follow-up and further imaging studies to monitor for any signs of recurrence. They also emphasized the importance of multidisciplinary management of PNT, including the use of standard-of-care therapies and surveillance imaging.