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Clear cell ependymoma with late leptomenigeal and supratentorial metastases

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Clear cell ependymoma with late leptomenigeal and supratentorial metastases

A 32-year-old male admitted to our department with the complaint of upper back pain for three weeks. Neurological examination was normal. Magnetic resonance imaging (MRI) was performed. MRI showed an intradural intramedullary mass with well enhancement at between T1 and T3 vertebra levels. Surgery was performed and the diagnosis was clear cell ependymoma. After two years from the surgery a control MRI was performed. Spinal MRI demonstrated residual mass with arachnoidal thickness and arachnoidal and pial nodular enhancement along the cervicothoracolumbar spine (Fig. 1). A brain MRI showed multiple nodular well-enhancing lesions consistent with metastasis. Patient was diagnosed as clear cell ependymoma with late meningeal and supratentorial metastasis. Patient was scheduled for radiotherapy. Clear cell variant form of ependymoma with meningeal and supratentorial metastasis is extremely rare. MRI is crucial for diagnosis and follow-up.

Figure Legend

Fig. 1 Sagittal T1-weighted (A) and sagittal T2-weighted (B) images shows intradural residual mass (arrows). Sagittal contrast enhanced T1-weighted (C) images show arachnoidal thickness and nodular arachnoidal enhancement (arrowheads) along the cervicothoracolumbar spine.