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Short Communication
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Cystic Cerebellar Tumor

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Short Communication

A 61-year old woman with multiple chronic conditions was admitted to hospital due to central vertigo, headaches, unsteady gait and frequent stumbling in the previous six months with recently appearing nausea and vomiting. MRI showed cystic lesion with mural nodule localised in the right cerebellar hemisphere impressing the brainstem (Figure1). Patient underwent a neurosurgery without complications [1,2]. On microscopic examination tumor arising from the cerebellar cortex was made of haphazardly placed stromal cells and tightly arranged capillaries with a few bigger vessels (Figure 2A). The neoplastic cells were oval with varied amounts of pink cytoplasm and occasional vacuoles; some had pleomorphic nuclei with conspicuous intranuclear inclusions (Figure 2B). Stromal cells morphologically resembled ganglion cells. Gliosis with Rosenthal fibres was seen on the periphery. Immunohistochemically neoplastic cells were positive for neuron specific enolase and alpha-inhibin, weakly S100, and negative for GFAP, syntaptophysin, chromogranin, NeuN, Neurofilament protein. CD34 decorated vessels. Based on tumour characteristics, the diagnosis of hemangioblastoma (WHO grade I) was made.

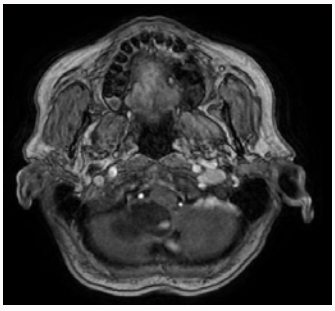

Figure 1: T1-weighted MR image with contrasting agent showing cystic tumour measuring 4.23 cm with intramural nodule of 0.88 cm.

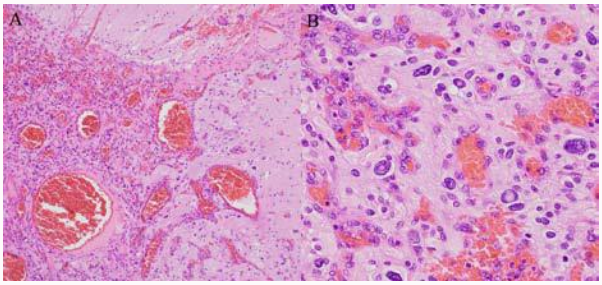

Figure 2: A) Stromal cells with multiple vessels; Gliosis on the periphery of the tumour (HE, 10x). B) Stromal cells with pleomorphic nuclei and pink intranuclear inclusions scattered between vessels (HE, 400x).

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