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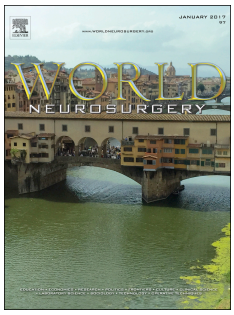

Intracranial Masson's Tumor Staged Management. An Unexpected Gauntlet: Case Report And Literature Review

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INTRACRANIAL MASSON'S TUMOR STAGED MANAGEMENT. AN UNEXPECTED GAUNTLET: CASE REPORT AND LITERATURE REVIEW.

INTRODUCTION

Intravascular papillary endothelial hyperplasia (IPEH) is an excessive proliferation of endothelial cells within the space of a preexisting vessel or vascular malformation or within an organizing hematoma, first described by Pierre Masson in 1923. Known by many names, the term IPEH was first used by Wehbe et al. in 1986.[1]

Among children, Kasabach-Merritt syndrome or a congenital origin are proposed as potential etiologies. [2] Systemic cavernous angiomatosis syndrome is associated with multiple IPEHs. Even reproductive hormones were cited as enhancer to IPEH in female patients. [3]

Mostly presenting in the skin and subcutaneous tissue, intracranial cases are scarce. Its diagnosis requires histopathological analysis due to the absence of any clinical or radiological pathognomonic properties.

Even though its benign histological properties, intracranial IPEH can be a lethal disease; raised intracranial pressure (ICP) caused by an increase in size or intratumoral bleeding, and cranial nerves damaging due to an invasive behavior that can erode cranial bone structures, may compromise patient survival.

Up to day, 33 intracranial cases have been described. The vast majority blossomed from dural structures opposite to a less prevalent parenchymal origin, such as in the discussed case (cavernous sinus / parasellar location). Clinical signs and symptoms are location dependent.

A successfully treated intracranial IPEH case in a 51 year old woman, with a previous medical history of Neurofibromatosis I, is presented on this paper.

CASE REPORT

A 51 year old female with a complaint of hemicranial headaches, left facial paresthesia and diplopia combined with questionable gait instability for the previous 60 days, was diagnosed with an slight left lateral rectus muscle paresis The patient had a history of Neurofibromatosis type I, glaucoma and cataracts. After chronic hydrocephalus was initially suspected by her general practitioner, she underwent a non-contrast brain CT scan that revealed a mass-occupying lesion attached to the left cavernous sinus.