Teaching NeuroImage: Intracranial Solitary Fibrous Tumor With Liver Metastasis

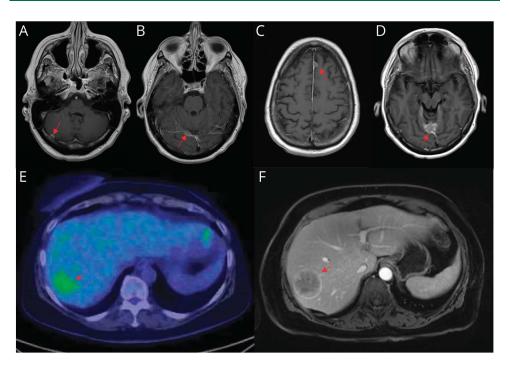
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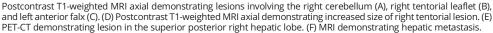
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Figure MRI of the Brain and PET-CT of the Liver





A 65-year-old woman presented with nausea, headache, and visual changes. MRI of the brain identified dural-based lesions involving the right cerebellum, right tentorium, and left anterior falx believed to be consistent with meningiomas (Figure, A–C). Owing to unclear association between imaging findings and clinical symptoms, surveillance was recommended. Follow-up was inadvertently delayed. Repeat imaging at 7 months revealed enlarging tentorial lesion, treated with gamma knife radiosurgery (GKRS) (Figure, D). Further growth prompted resection of the cerebellar lesion. Tumor cells were positive for STAT6 on immunohisto-chemistry, establishing solitary fibrous tumor (SFT) as the diagnosis. PET-CT identified fluorodeoxyglucose-avid hepatic lesion, with biopsy confirming STAT6, CD34, and synaptophysin-positive metastatic SFT (Figure, E–F). After additional GKRS, systemic therapy with sunitinib was started. SFTs are mesenchymal neoplasms predominantly affecting young adults that should be included in the differential of durally based lesions.¹ Given propensity for extracranial metastasis, systemic imaging should be obtained on establishing tissue diagnosis.²

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Author Contributions

MJ. Webb: drafting/revision of the manuscript for content, including medical writing for content, analysis or interpretation of data. J.L. Campian: major role in the acquisition of data. U. Sener: drafting/revision of the manuscript for content, including medical writing for content; major role in the acquisition of data; study concept or design; analysis or interpretation of data.

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