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**Neurology Publish Ahead of Print**  
**DOI: 10.1212/WNL.000000000206822**

## **Teaching NeuroImage: Intracranial Solitary Fibrous Tumor With Liver Metastasis**

**Author(s):**

Mason James Webb, MD, PhD<sup>1</sup>; Jian L. Campian, MD, PhD<sup>2</sup>; Ugur Sener, MD<sup>3</sup>

**Corresponding Author:**

Ugur Sener, sener.ugur@mayo.edu

**Affiliation Information for All Authors:** 1. Department of Hematology and Oncology, Mayo Clinic, Rochester, MN; 2. Department of Oncology, Division of Medical Oncology, Mayo Clinic, Rochester, MN; 3. Department of Neurology, Mayo Clinic, Rochester, MN

**Equal Author Contribution:**

**Contributions:**

Mason James Webb: Drafting/revision of the manuscript for content, including medical writing for content; Analysis or interpretation of data

Jian L. Campian: Major role in the acquisition of data

Ugur 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

**Figure Count:**

1

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**Table Count:**

0

**Search Terms:**

[ 100 ] All Headache, [ 120 ] MRI, [ 122 ] PET, [ 213 ] All Oncology, [ 217 ] Metastatic tumor

**Acknowledgment:****Study Funding:**

The authors report no targeted funding

**Disclosures:**

The authors report no relevant disclosures.

**Preprint DOI:****Received Date:**

2022-08-08

**Accepted Date:**

2022-12-02

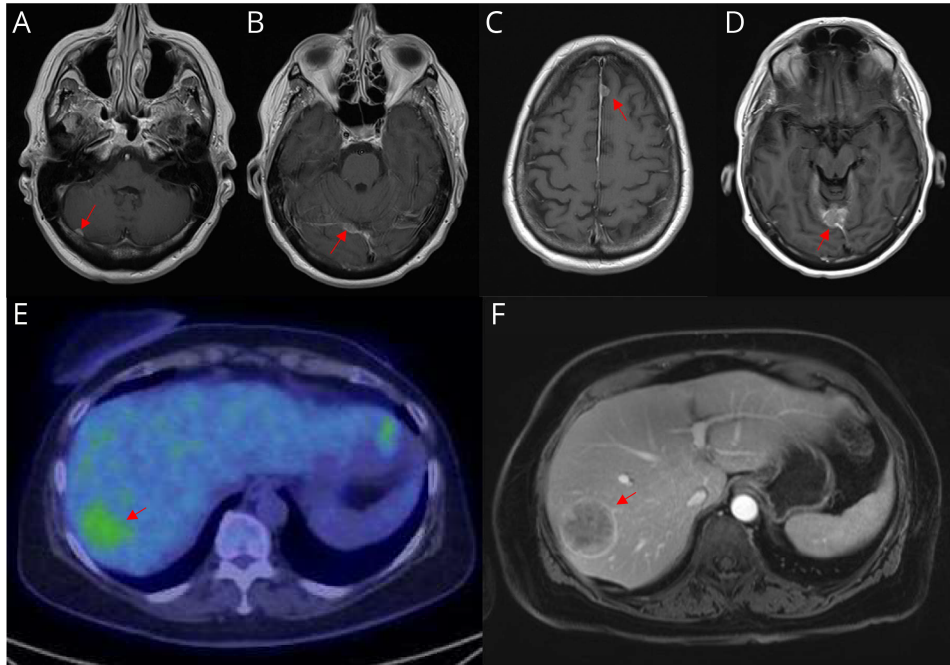
**Handling Editor Statement:**

Submitted and externally peer reviewed. The handling editor was Resident and Fellow Section Editor Whitley Aamodt, MD, MPH

A 65-year-old woman presented with nausea, headache, and visual changes. MRI brain identified dural-based lesions involving the right cerebellum, right tentorium, and left anterior falx thought to be consistent with meningiomas (Figure, A–C). Due 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 immunohistochemistry, establishing solitary fibrous tumor (SFT) as the diagnosis. PET:CT identified FDG-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<sup>1</sup>. Given propensity for extracranial metastasis, systemic imaging should be obtained upon establishing tissue diagnosis<sup>2</sup>.

**Figure: MRI of the brain and PET:CT of the liver**

Post-contrast T1-weighted MRI axial demonstrating lesions involving the right cerebellum (A), right tentorial leaflet (B), and left anterior falx (C). (D) Post-contrast T1-weighted MRI axial demonstrating increased size of right tentorial lesion. (E) PET:CT demonstrating lesion in the superior posterior right hepatic lobe. (F) MRI demonstrating hepatic metastasis.



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*Neurology* published online December 23, 2022

DOI 10.1212/WNL.0000000000206822

**This information is current as of December 23, 2022**

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