Teaching NeuroImage: A Rare Pediatric Case of Diffuse Leptomeningeal Glioneuronal Tumor

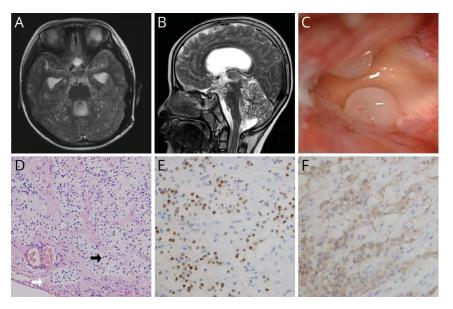
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Figure MRI, Intraoperative Image, and Histopathology of DLGNT



T2-weighted image showed cystic lesions diffusely scattered throughout the brain surface (A, B) and were confirmed by the intraoperative image (C). Hematoxylin and eosin staining (D, \times 100) showed leptomeninges (white arrow) infiltrated by oligodendroglia-like tumor cells (black arrow) and were immunopositive for Olig2 (E, \times 400) and synaptophysin (F, \times 400). DLGNT = diffuse leptomeningeal glioneuronal tumor.

A 6-year-old boy, with an unremarkable birth history and developmental history notable only for intellectual disability, developed expressive aphasia and intermittent vomiting in 3 weeks. Brain MRI showed communicating hydrocephalus and characteristic diffuse subpial cystic lesions throughout the surface (Figure). His symptom of vomiting was relieved after he was given a ventricular-peritoneal shunt (valve pressure set as 140 mm H_2O) and meningeal-cortical biopsy. The final diagnosis was diffuse leptomeningeal glioneuronal tumor, a new entity in the 2016 WHO classification of CNS tumors. He was referred to a local oncology center because chemotherapy had been proposed as first-line treatment.

Study Funding

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Disclosure

The authors report no relevant disclosures. Go to Neurology.org/N for full disclosures.

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Appendix Authors

Name	Location	Contribution
Mading Zhou, MD	Department of Neurosurgery, Xuanwu Hospital, Capital Medical University, Beijing, China	Drafting/revision of the manuscript for content, including medical writing for content
Peng Sun, MD	Department of Neurosurgery, Xuanwu Hospital, Capital Medical University, Beijing, China	Major role in the acquisition of data

Appendix (continued)

Name	Location	Contribution
Gao Zeng, MD	Department of Neurosurgery, Xuanwu Hospital, Capital Medical University, Beijing, China	Study concept or design and analysis or interpretation of data

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