

Intracranial Leiomyosarcoma in an HIV-Infected Adult

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Description

This 33-year-old man presented with one-year history of intermittent left orbital pain and diplopia after was diagnosed as HIV infection for 6 months. He had limited movement of the left eye with impairment of nearly all gaze direction. RAPD was positive on the left. He had no weakness or sensory disturbance. MRI showed a well defined mass in the left cavernous sinus with post-gadolinium enhancement. Suprasellar extension with dural tail on the left side was noted with mild pressure effect to the left prechiasmatic optic nerve (Figure 1). With the most likely preoperative diagnosis of intracavernous meningioma, the patient underwent craniotomy with partial tumor

resection. The tumor appeared to be well-encapsulated and adhered to the intracavernous structure. The histopathologic study reported low-grade leiomyosarcoma (Figure 2). EBV is the postulated cause of this tumor [1]. Most of the leiomyosarcoma in HIV-infected patients was reported in children or young adults [2]. Leiomyosarcoma is considerable as a rare tumor in HIV-infected adults.

References

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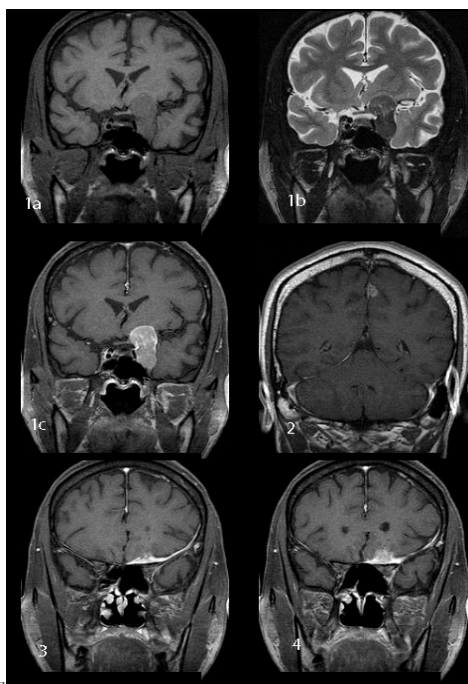


Figure 1: (1a) Coronal T1-(1b) T2-weighted images shows a well defined mass that gives T1-isosignal intensity and T2-hyposignal intensity to the gray matter, locating in the left cavernous sinus. And 1c) Gadolinium-enhanced coronal T1-weighted images shows moderate tumor enhancement. (2) Another small dural-based extra-axial mass, attaching the left side of falx cerebri (White arrow) (3 and 4) Gadolinium-enhanced coronal T1-weighted images show associated dural tail (Black arrows).

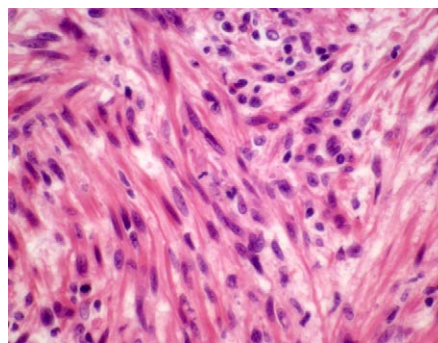


Figure 2: High magnification photomicrograph demonstrates hypercellularity and interlacing fascicles of spindle-shaped cells with presence of nuclear atypia and mitotic figures.

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