



Unusual gyriform tumor of the posterior fossa in a child

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A 2 year old boy presented with unsteadiness of gait, loss of head control, increasing head size and vomiting.

MRI of the brain showed a posterior fossa mass with a gyriform pattern arising from the vermis and protruding into the 4th ventricle with resultant hydrocephalus.

The differentials of a midline vermian mass including medulloblastoma, Lhermitte Duclos disease, primitive neuroectodermal tumour and atypical rhabdoid teratoid tumour were considered (1).

The typical gyriform pattern raised the possibility of a variant of medulloblastoma, medulloblastoma with extensive nodularity, which was confirmed on histopathology (2).

The characteristic gyriform pattern on CT or MRI should raise the suspicion of this diagnosis.

REFERENCES

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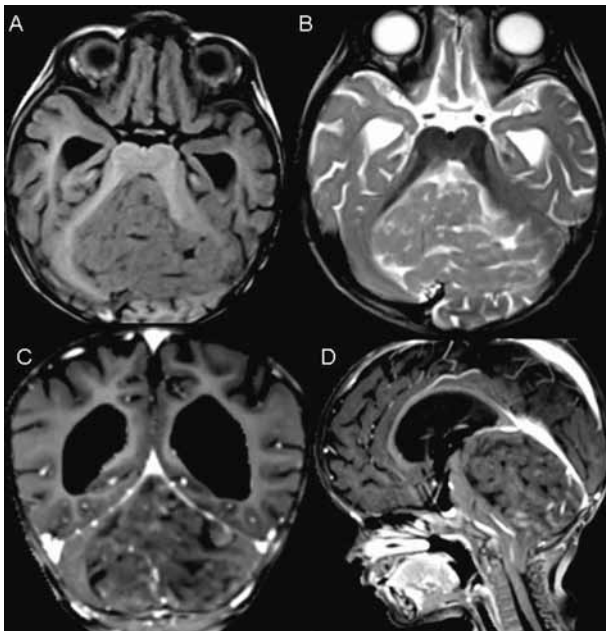


FIG. 1. — Vermian mass was isointense with gyriform pattern on T1W axial (A) and T2W axial (B) images and post contrast coronal (C) and sagittal (D) images showed gyriform enhancement.

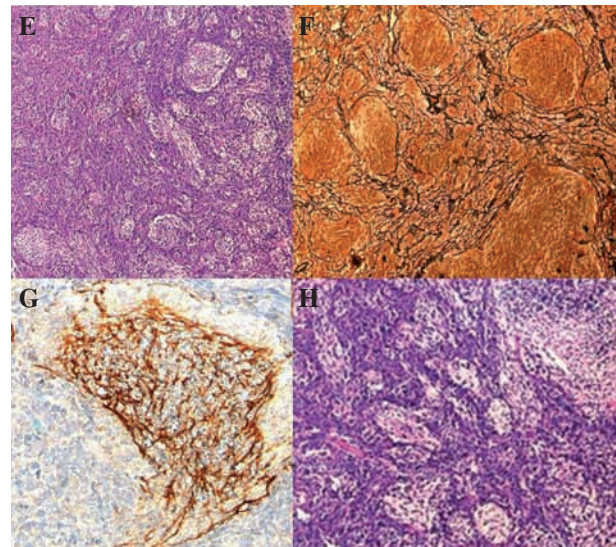


FIG. 2. — Photomicrograph shows nodular (H&E×90) (E), reticulin free (Gordon Sweet's reticulin ×200) (F), synaptophysin positive (G) (streptavidin biotin peroxidase ×200) nature. High power view of cells in reticulin free islands (H&E ×200) (H).