

암재활

게시일시 및 장소 : 10 월 19 일(토) 08:30-12:30 Room G(3F)

질의응답 일시 및 장소 : 10 월 19 일(토) 11:00-11:30 Room G(3F)

P 3-121

A Case of Glioblastoma Combined with Another Benign Bone Tumor of the Femur

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Glioblastoma is one of the most common malignant brain tumor, accounting for 12-15% of all intracranial neoplasms. The median overall survival in population-based studies is approximately 10 to 12 months. It may frequently arise in the frontal and temporal lobes, but any parts of the brain may be affected. However, extracranial metastasis can be identified in 0.4~0.5% for patients, very rarely. We present the patient of glioblastoma combined with another benign bone tumor of the femur. A 68-year old man was diagnosed to glioblastoma at other university hospitals. Initial brain magnetic resonance imaging revealed multiple tumors in the left frontal lobe and right occipital lobe (Fig 1.). He underwent glioblastoma resection operation and received the secondary chemotherapy. After that, he was admitted into the department of neurosurgery in our hospital and continued to fourth chemotherapy. He was transferred to the department of rehabilitation medicine for accompanying rehabilitation therapy. At that moment, Neurologically, his condition is as follows. His muscle power is generally good grade with mild limitation of motion on both shoulder, hip, knee and ankle. But he could gait and needed one person to assist. He had cognitive impairment with 5 scores on K-MMSE. But he could do 2 step follow up commands. Besides, He had language disorder due to cognitive impairment and dysphagia. He could eat regular diet and drink a liquid with thickener. His overall functional status could be represented by 13 points on K-MBI and 40 points on Karnofsky Performance Status scale. After one month, he complained pain on left anterior thigh even when he rested. And limitation of motion on left hip flexion, abduction, and extension was worse than before. He couldn't stand and gait. His cognitive function was slightly decreased. Overall, his condition got worse than before. Hip x-ray and L-spine x-ray were evaluated to rule out upper lumbar radiculopathy. Hip x-ray and Hip magnetic resonance imaging with enhancement showed about 6.8x3.2x2.3cm sized partially sclerotic rim and some irregular marginated mass in the left femoral neck intertrochanteric and proximal shaft area (Fig 2., Fig 3.). Biopsy should be required to rule out extracranial metastasis of

glioblastoma and another benign bone tumor. But the patient was too lethargic and refused biopsy. The department of orthopedic surgery and Radiology concluded that it would be more likely to be a benign bone tumor, not metastasis of glioblastoma. He didn't want to maintain chemotherapy any more. So the sixth chemotherapy was held and we gave conservative care with controlling pain. He discharged to home. We have followed up him through outpatient department. Although the mass is very likely a benign bone tumor, not metastasis of glioblastoma, it is a rare case that a new tumor arises in a patient with a primary brain tumor. We should pay attention to complaints of the patient and take appropriate action.

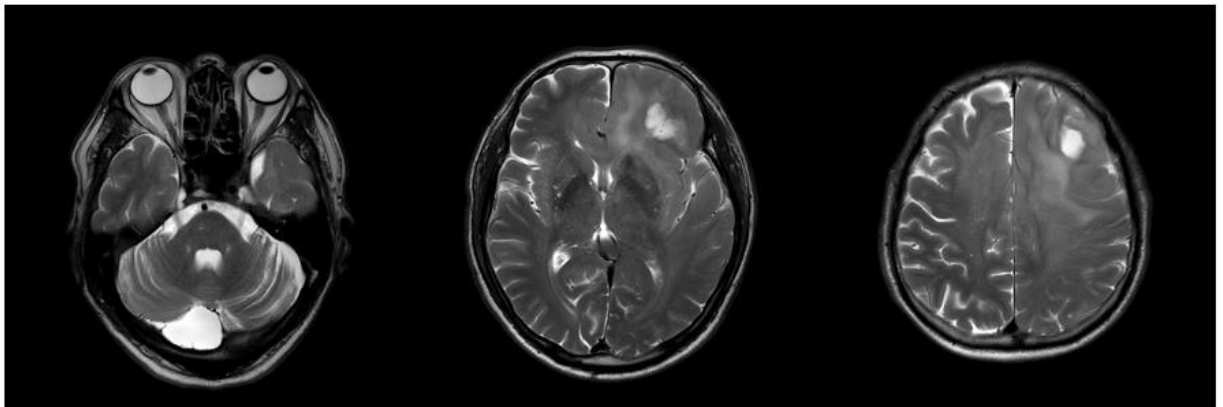


Figure 1. Initial brain magnetic resonance imaging



Figure 2. Hip x-ray

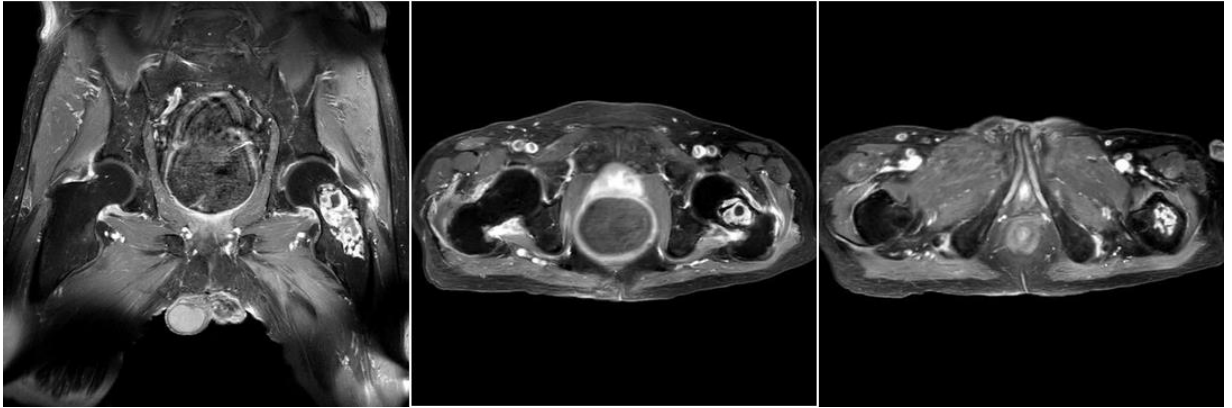


Figure 3. Hip MRI