

Case Vignette

64yo M, KPS 60, GBM (IDH WT) of the left temporal lobe with asymptomatic transient leptomeningeal (LM) enhancement, MGMT negative.

- Presented with symptomatic hydrocephalus (acute AMS, vomiting), found to have hemorrhagic tumor and leptomeningeal enhancement of the posterior fossa and upper C-spine.
- Underwent VP shunt with improvement of hydrocephalus symptoms, and biopsy alone of the tumor.
- LM enhancement resolved on interim MRI 5 weeks later (LM enhancement felt to be secondary to tumor hemorrhage).
- After multidisciplinary evaluation and discussion, planned for hypofractionated radiotherapy with concurrent/adjunct temodar.
- Images fused: Initial MRI (T1+C and T2; MR secondary 1 and 2) showing the extensive LM enhancement in the posterior fossa, and ~5 week follow up MRI day before simulation with resolution of LM enhancement (T1+C and T2; MR secondary 3 and 4). He was claustrophobic with some motion degradation on scans despite Ativan.