

Supratentorial primitive neuroectodermal tumor (PNET)

An uncommon location

Fabiano Reis¹, Guilherme Henrique Alves Vieira⁴, Fabio Rogerio³, Marilisa Mantovani Guerreiro⁵, Luciano de Souza Queiroz², Verônica de Araújo Zanardi¹

A 10-year-old girl with headache. Diagnostic imaging demonstrated a right frontotemporal solid-cystic lesion, in the cortex and white matter, with a component with decrease in diffusion, attributed to high cellularity and nuclear-to-cytoplasmic ratio, which may be seen in PNET or lymphoma^{1,2}. A high signal component on T1 and on T2 was observed (extracellular methaemoglobin), often seen in PNET.

Histological analysis led to the diagnosis of PNET.

Supratentorial PNETs are very rare². More than 50% occur in the first 5 years of life². Our case also merits attention because of the late age at presentation.

REFERENCES

1. Guo AC, Cummings TJ, Dash RC, Provenzale JM. Lymphomas and high-grade astrocytoma: comparison of water diffusibility and histologic characteristics. *Radiology* 2002;224:177-183.
2. Klisch J, Husstedt H, Hennings S, Velthoven V, Pagenstecher A, Schumacher M. Supratentorial primitive neuroectodermal tumours: diffusion-weighted MRI. *Neuroradiology* 2000;42:393-398.

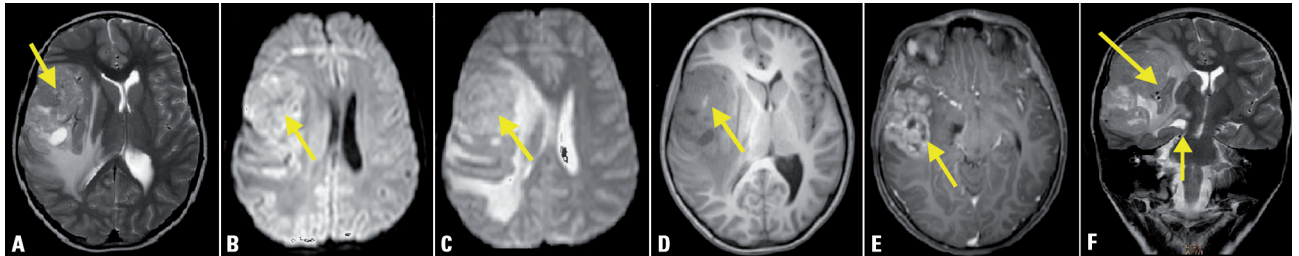
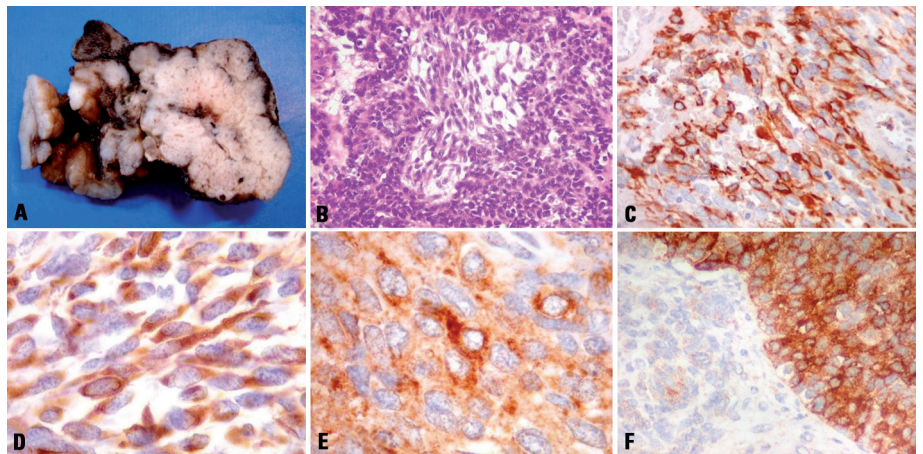


Fig 1. [A] Axial T2 weighted image (WI) demonstrates a large right frontotemporal solid-cystic mass. On DWI [B] and ADC map [C] there is decreased diffusion in the lesion (arrows) (bright on DWI and low intensity in the ADC map). Axial T1 precontrast [D] showed a heterogeneous mass, with a focal high signal (arrow) component (methaemoglobin) and [E] postcontrast T1 shows a heterogeneous enhancing mass. [F] Coronal T2 WI demonstrates heterogeneously low signal (arrow) and there is also right uncus herniation (small arrow).

Fig 2. Neuropathology. A primitive-looking neoplasm with immunohistochemical evidence of differentiation along various neuroectodermal cell lines was consistent with the diagnosis of PNET (primitive neuroectodermal tumor). [A] Surgical specimen measured 8 × 4 × 4 cm and weighed 75 g. Well delimited, lobulated firm mass, with a pale pink cut surface. [B] On HE stain, tissue was composed of small undifferentiated cells in solid lobules, with scattered islets of loosely arranged cells, creating a vague resemblance to desmoplastic medulloblastoma. [C] GFAP-positive cells were interspersed with negative elements. [D] Cytoplasmic staining for nestin, an intermediate filament expressed by immature cells, witnessed the primitive nature of the tumor. [E] Positivity for synaptophysin in the cytoplasm of several cells, some displaying cytoplasmic processes reminiscent of neurites, indicated early neuronal differentiation. [F] Areas of compactly arranged cells were strongly marked for EMA (epithelial membrane antigen), a common feature of ependymal cells. Adjoining loose cells were negative, creating an organoid pattern.



TUMOR NEUROECTODÉRMICO PRIMITIVO SUPRATENTORIAL: UMA LOCALIZAÇÃO INCOMUM

¹MD, PhD, Professor of the Department of Radiology of the Clinics Hospital of the State University of Campinas, Faculty of Medical Sciences (HC-FMC/UNICAMP), Campinas SP, Brazil; ²MD, PhD, Professor of the Department of Pathology, HC-FMC/UNICAMP; ³MD, PhD, Assistant pathologist Department of Pathology, HC-FMC/UNICAMP; ⁴Medical Student, Department of Radiology, HC-FMC/UNICAMP; ⁵MD, PhD, Full Professor of the Department of Neurology, HC-FMC/UNICAMP;

Correspondence: Fabiano Reis - UNICAMP / Departamento de Radiologia - Rua Tessália Vieira de Camargo 126 - 13083-887 Campinas SP - Brasil. E-mail: fabianoreis2@gmail.com

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