

INTRACRANIAL HEMANGIOPERICYTOMA: A CASE REPORT AND LITERATURES REVIEW

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Hemangiopericytomas are rare soft tissue tumors that develop mainly in the lower extremities, retroperitoneum or pelvis and rarely occur in the larynx, spleen, bone, meninges or thorax. This case is that of a 35-year-old man with intracranial hemangiopericytoma which was treated with craniotomy and partial removal of tumor. This was followed by post operative radiotherapy using conventional wedge pair technique with total dose of 63 Gy in 35 fractions to the residual tumor. MRI (magnetic resonance image) of brain showed no recurrence or other abnormal finding at a 10-year follow-up. The patient has long-term tumor control after surgery and post-operative radiotherapy.

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Key words: Intracranial, Hemangiopericytoma, Radiotherapy

INTRODUCTION

Hemangiopericytomas are rare tumors, representing approximately 1% of all vascular neoplasms. They are believed to originate from the pericytes of Zimmerman, which was first described by Murray and Stout in 1942 [3, 4, 22]. Pericytes are rudimentary cells that have contractile properties and regulate the blood flow through capillaries. Although hemangiopericytoma may arise anywhere, the musculature of the lower extremities, the pelvic fossa, and the retroperitoneum are the predominant sites of origin [8].

Intracranial hemangiopericytomas arise from the meninges, more commonly in the occipital region in association with the venous

sinuses. Meningeal hemangiopericytomas constitute less than 2.5% of all meningeal tumors and less than 1% of all intracranial tumors with a median age at diagnosis of 40 to 50 years, the tumor itself can be extent for long periods [7, 12]. Hemangiopericytomas exhibit a propensity for recurrence even following the primary therapy of complete surgical resection. Late local, leptomeningeal and metastatic (lung and bone) failure in over 80% of patients has been noted after completed surgical resection with long-term (10- to 15-year) follow-up [2, 12]. The local control, disease-free survival, and overall survival rates are much greater when patients receive radiotherapy [2, 5, 12, 21, 26]. There are few papers reporting the results of

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