Holo-cord drop metastasis from a glioblastoma—when rarity meets reality

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A 32-year-old male presented to our emergency department following a progressive weakness of both his upper and lower limbs since last 2 weeks. He had been operated for supratentorial glioblastoma 3 months back (Fig. 1). His neurological examination revealed the findings of spastic quadriplegia with exaggerated deep tendon reflexes. The magnetic resonance imaging of his spine revealed classic findings suggestive of a holo-cord drop metastasis involving all spinal levels (Fig. 2). The patient and his close relatives opted for a symptomatic management after they were counseled of the bleak prognosis of the disease condition.

Holo-cord drop metastasis from a supra-tentorial glioblastoma is a rare entity. The reported incidence of lepto-meningeal drop metastasis to the cord is only around 2% [1]. Exfoliation during resection of such lesions that are adjacent to the ventricles helps disseminate them via the cerebrospinal fluid onto the lower thoracic and the lumbo-sacral spine owing to the effect of gravity [1]. They are usually detected after a lag of 14–18 months following the treatment of the primary lesion [2]. Such an entity has a very poor prognosis with a median survival of just 2–4 months following its diagnosis [3]. Management is therefore usually palliative, focusing on pain relief, most commonly via external beam radiotherapy [4].

Figure 1: Post-operative T2 weighted invert magnetic resonance image of the brain following removal of a supra-tentorial glioblastoma adjacent to the ventricles (white arrow).
CONFLICT OF INTEREST STATEMENT

None declared.

REFERENCES


Figure 2: T2 weighted invert magnetic resonance images of the spine showing evidence of holo-cord drop metastasis involving all levels of the spinal cord (white arrows).