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Third ventricular chordoid meningeoma or chordoma: diagnostic dilemma based on a single case. Case report and literature review

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Introduction: Chordoid meningeoma (CM) represent less than 0,5% - 1% of all menigeomas. In the latest WHO tumor classification, CM is assessed as GII meningeoma. Ventricular localization is rarely seen. Differential diagnosis is vast and accurate diagnosis can be difficult because of overlapping in the morphologic and immunohistochemical profiles. We report a case of third ventricular tumor that has imunohistochemical characteristics of chordoma and chordoid meningeoma.

Methods: Our patient had firstly come with a several-month-lasting tremor of a left hand. The diagnosis of an intraventricular tumor had been verified by neuroradilogical imaging (MSCT, MRI and MRA), and the treatment consisted of a total microsurgical removal, histological and imunohistochemical classification of a tumor, a follow up after 22 months, then reoperation and repeated histological and imunohistochemical verification.

Results: The 13-year-old boy was diagnosed with recurred third ventricular tumor 22 months after the complete surgical removal had been preformed. Histological and imunohistochemical analysis after the first operation had showed chordoma. The reoperation was performed in the same manner as the first operation, in general anesthesia and supine position through a transcallosal transfornical approach. Tumor was debulked microsurgically using CUSA and completely removed. The second histological and imunohistochemical analysis was concordant except for the S-100 marker that was negative. Therefore, this time the conclusion was that it was a CM. Six month after the reoperation there were no signs of tumor recurrence.

Conclusion: This is the second reported case of CM situated in the third ventricle in a pediatric patient. In this case, a follow up together with MRI controls were being preformed regularly for 22 months after the complete resection. First histological and imunohistochemical analysis showed chordoma and second analysis showed CM. Six months after the reoperation there were no signs of a tumor relapse. The boy returned to his everyday activities, with some hormone misbalance treated with hormone substitutes.