

# Supratentorial tanycytic ependymoma

## An uncommon fibrillary ependymoma variant

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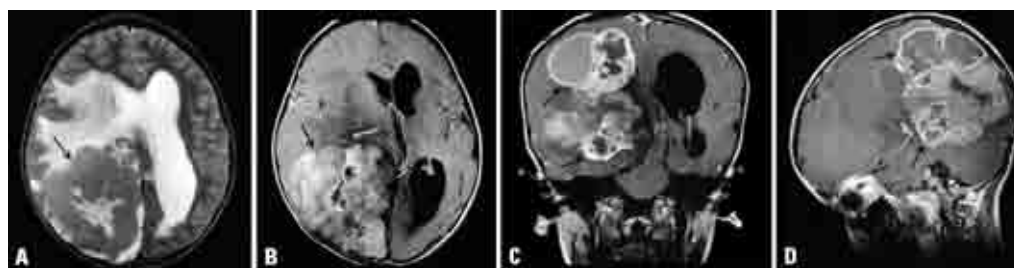
A 6-year-old boy with focal seizures and headache. Diagnostic imaging demonstrated a right subcortical parietooccipital heterogeneous expansive lesion, with growth into the adjacent ventricular system (Fig 1). Histological analysis led to the diagnosis of tanycytic ependymoma, as tumor cells have features resembling tanycytes (Fig 2).

More than half of these tumors occur in the spinal cord. Supratentorial location is very rare, and may arise, as in this case, around the ventricle or from subcortical white matter<sup>1-3</sup>.

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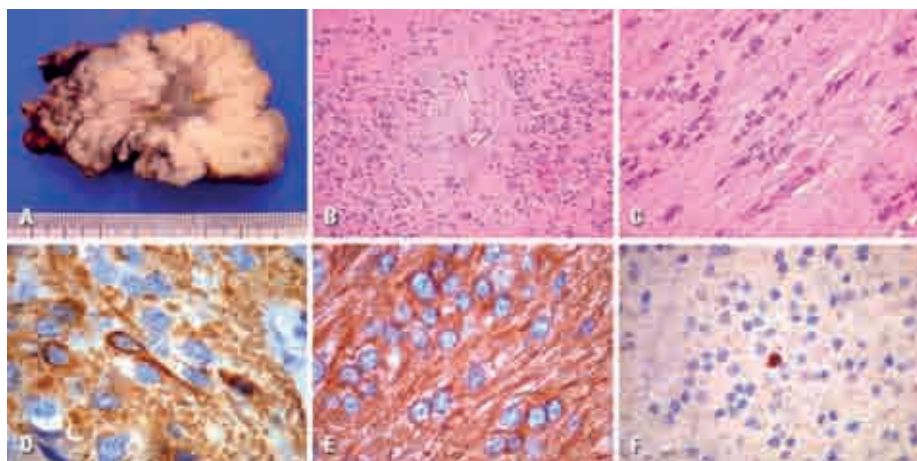
### REFERENCES

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**Fig 1.** [A] Axial T2 weighted image (WI) demonstrates a right parietooccipital lesion, with low to hyperintensity. Axial [B], coronal [C] and sagittal [D] T1 WI after gadolinium shows a heterogeneously enhancing lesion.

**Fig 2.** [A] Section through surgical specimen, showing firm, lobulated, whitish gray mass measuring 7 cm in diameter and weighing 67 g. A fibrotic, partially cystic area is seen at center. Tumor was well delimited from brain, without evidence of invasiveness. [B, C] HE. Moderately cellular, highly fibrillary glial tumor showing round to oval regular nuclei without atypia. The elongated cells were arranged in bundles. Nuclei-free zones were often seen around vessels, but true perivascular pseudorosettes were absent. Mitotic figures or necrotic areas were not observed. [D, E] Immunohistochemistry for GFAP [D] and vimentin [E]. Tumor cells were strongly positive for both intermediate filaments, sometimes highlighting cell shape. [F] Immunohistochemistry for proliferation marker Ki-67 highlighted only rare scattered nuclei (<1%) indicating low growth potential. Tumor cells were negative for epithelial membrane antigen (EMA).



### EPENDIMOMA TANICÍTICO SUPRATENTORIAL: UMA VARIANTE FIBRILAR INCOMUM DO EPENDIMOMA

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