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Case Report

Recurrent Malignant Fibrous Histiocytoma in the Left Parietal Region of Cranium: A Case Report

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Abstract

A male of 20 years of age presented with features of intracranial space occupying lesion of cranium involving the brain. He came with the history of previous surgery in the head one-year back. On operation, an osteolytic growth from the skull bone invading the meninges and brain parenchyma. Who found Histopathological report revealed malignant fibrous histiocytoma.

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Introduction

Histiocytoma is associated with deposit of gray-yellowish cellular elements consisting of granulation tissue with abundant histiocytes[1]. It can arise from anywhere of the body. Radiologically the lesion appears as punched out[2]. The areas of destruction are often large. The disease progresses very slowly but is often fatal eventually[2].

Case History

A male patient aged 20 years was admitted in the neurosurgery unit of RMCH with the complaints of ulcerative painful swelling on the left side of the head for the last 3 months, visual disturbance, frequent vomiting and repeated episodes of headache for 2 months and profuse continuous bleeding from the swelling for the last 10 days.

According to the statement of patient's mother he was all right about 3 months back following his 1st time operation at neurosurgery unit, Sir Salimullah Medical College and Mitford Hospital, Dhaka on September 2002. Then he developed painful swelling rapidly, which become ulcerative and finally started to bleed. He also gave history of intractable frontal headache, blurring of vision in the left eye, profuse frequent vomiting, weight loss, loss of appetite and weakness. History of the past illness revealed that the patient was diagnosed as a case of 'Recurrent Malignant Fibrous Histiocytoma' for which he under went operation with postoperative radiotherapy. After 4 months of his 1st operation, second operation (wide dissection of neoplastic tissue in the left parietal region) was done in the neurosurgery unit of Rajshahi Medical College Hospital. The patient improved much after 2nd operation and again radiotherapy was given. Finally the patient was discharged on request after informing briefly about graveness and poor prognosis of the disease. On examination, he was moderately anaemic, normocardic and normotensive. Local examination of the swelling on the scalp revealed multiple globular fungating

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ulcerative growth, which bleeded on touch. The swelling was very tender, fixed with skin and underlying structure, firm in consistency, non compressible, non fluctuant, measuring about 4x3 inches extending left to right parietal region. The axillary and cervical lymph nodes were not palpable. Examination of the nervous system revealed no significant abnormality except difficulties in eye movement and double vision.

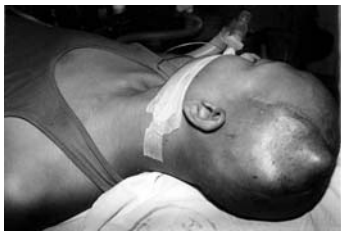

Fig (i): Malignant Fibrous Histiocytoma

On investigation his haemoglobin was 56%, total and differential blood counts were within normal range. CT scan of the brain showed osteolytic lesions of the left parietal bone including dural involvement. Histopathological examination of the biopsied material showed recurrent malignant fibrous histiocytoma.

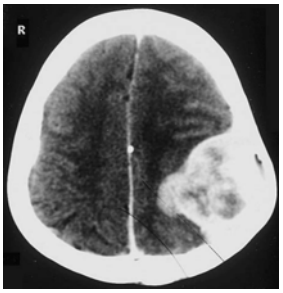

Fig (ii a): CT scan Brain (pre operative)

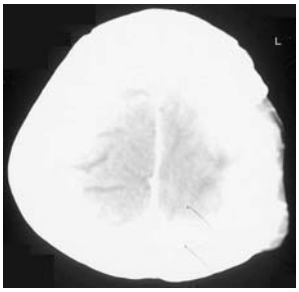

Fig (ii b): CT scan Brain (post operative)

Discussion

Malignant fibrous histiocytoma is a group of related soft tissue sarcomas that can arise from all fibrous supportive tissue anywhere in the body but common in retroperitonium and limbs. Intra cranially it starts as a rapidly growing painless lesion that is most common between 50-70 years of age and is more common in man than woman[1,2]. Typically it is unencapsulated attached to the surrounding structures, pleomorphic histologically fibrous arrangement of tissue in interweaving bundles and histiocytes giant cells [1]. Treatment is wide surgical excision and radiotherapy to prevent recurrence. Five years survival is only 30%, recurring shortly and ultimately leading to death within short time [2].

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