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Letter to the Editor

Delayed intraventricular metastasis of clival chordoma

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Sir,

Intracranial chordomas are typically clival and extradural in location, yet these tumors can obviously invade the dura. However, primary intradural chordomas without local extension is a rare event with approximately 47 cases reported in literature. Furthermore, all intradural chordoma reports appear to be extraventricular in location.[1,2] In addition, through advances in technology and optics, neuroendoscopy has come to the forefront as a mainstream operative technique. Some tumors are more conducive to endoscopic biopsy or resection than others due to hemorrhagic or consistency.

We present this unique case of an intraventricular recurrence of a clival chordoma and successful use of neuroendoscopy to explore and resect the tumor. A 60-year-old male, with a history of clival chordoma resection and adjuvant radiation nearly 10 years prior, presented with an intraventricular lesion on magnetic resonance imaging (MRI) obtained for stroke workup of the left sided weakness. Physical examination showed right third nerve palsy, left facial droop, and left sided weakness. MRI demonstrated an intraventricular enhancing lesion within the right lateral ventricle [Figure 1a and b]. No other evidence of metastasis was identified. The decision was made to endoscopically biopsy and resects the intraventricular lesion via a transcortical-transventricular approach [Figure 1c]. Postoperative MRI demonstrated gross total resection [Figure 1d]. The histopathologic diagnosis of the tumor was chordoma. No postoperative radiation was given. On 6-month follow-up imaging, the lesion has not recurred.

This case illustrates a unique occurrence of intraventricular recurrence of clival chordoma approximately 10 years after initial resection with good result via an endoscopic

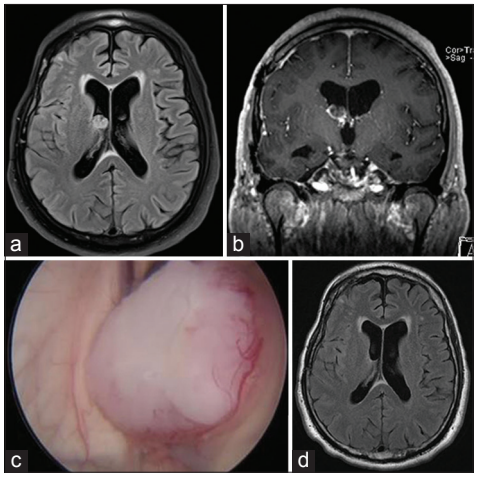

Figure 1: (a and b) Preoperative magnetic resonance imaging demonstrates an enhancing lesion, approximately 1.5 cm × 1.0 cm, along the ependymal surface within the right lateral ventricle caudothalamic notch. (c) Intraoperative view of intraventricular lesion via endoscope prior to resection. (d) Postoperative magnetic resonance imaging demonstrates gross total resection

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technique. Prior reports have typically focused on intradural, extraventricular metastases. A solitary intraventricular chordoma neoplasm is a rare, interesting event. Furthermore, neuroendoscopy is a useful technique for tumor resection and proves viable in the resection of chordomas.

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Conflicts of interest

There are no conflicts of interest.

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