AB142. SOH23ABS_139. Haemorrhagic glioblastoma multiforme: a case report

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Background: Glioblastoma multiforme (GBM) is the most common and aggressive form of astrocyte derived tumour. It is classified by World Health Organisation (WHO) as grade IV glioma and constitutes 60% of primary brain tumour. Presenting symptoms can vary from headache, vomiting, gait disturbance to seizure. In rare cases, GBM can present as haemorrhagic lesion. We report a unique case of haemorrhagic GBM presented to our centre.
Methods: A 38-year-old lady presented to the emergency department with complaints of sudden onset headache and vomiting while at work. Initial CT brain demonstrated right temporo-parietal intracranial haemorrhage with intraventricular extension. Subsequently, gadolinium enhanced magnetic resonance imaging (MRI) brain performed showed right parietal hematoma with an underlying contrast enhancing lesion, concerning for primary neoplasm.
Results: She underwent craniotomy, debulking of the tumour and external ventricular drainage (EVD) insertion. Histology staining in keeping with high grade glioma. EVD was removed and was discharged home on levetiracetam 500 mg twice daily as prophylaxis and weaning dose of dexamethasone. Her case was discussed in neuro-oncology multidisciplinary meeting and was referred for further medical and radiation oncology treatment.
Conclusions: Intracranial haemorrhages are not always vascular in origin. We must bear in mind the possibility of a more sinister cause. Unfortunately to date, even with multidisciplinary management of surgical debulking, radiotherapy and chemotherapy, mortality of GBM patients remains high.
Keywords: Glioblastoma multiforme (GBM); glioma; haemorrhage; intracranial; multidisciplinary management

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Footnote

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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